

Name
in
Full

Frederick H. Baeschlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Where Residing if not at place of death		Birth-place		
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information					How related to deceased	

Died at Berwyn Town Pr. Co. County
 Date of death 1906 Month Nov Day 14 Years 55
 Sex Male Color or Race White Where Residing if not at place of death
 Occupation Farmer Birth-place Switzerland
 Married, Single or Widowed Married Name of Wife or Husband Ellen Catherine Tersch
 Father's Name John Baeschlin Father's Birthplace Switzerland
 Mother's Maiden Name Catherine Rugen Mother's Birthplace "
 Name of person giving Information Lydia Baeschlin How related to deceased Daughter

CAUSES OF DEATH

Primary Cerebral Hemorrhage (64) How long
 Immediate 4 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Brown
Silver Spring

Accident or Suicide?

3
Aug



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John G. Barnes

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John G. Barnes				
Mother's Maiden Name	Carry				
Name of person giving Information	Emma J. Barnes				
Wife					

CAUSES OF DEATH

Primary Struck by Train (64) How long

Immediate Fracture of Skulles How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. Baldwin

Lawn, Md.

J. D. Acting Coroner

Accident

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1

Name
in
Full

Robert C. Bart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Hyattsville Md.		Town Town County Prince Geo. Co.		MARYLAND		
Date of death 1906	Month Nov.	Day 28	Years Age 7	Months 0	Days 5	
Sex male	Color or Race White				Birthplace Washington D.C.	
Occupation None		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or "should"					
Father's Name Ambrose F. Bart	Father's Birthplace N. Orleans La					
Mother's Maiden Name Susan C. Dougherty	Mother's Birthplace Cumberland Md.					
Name of person giving Information Father	How related to deceased					

CAUSES OF DEATH

Primary

acute Indigestion**104**

How long

2 days

Immediate

Inanition

How long

a few hours

Are the name, age, sex, color, date and place correctly given above?

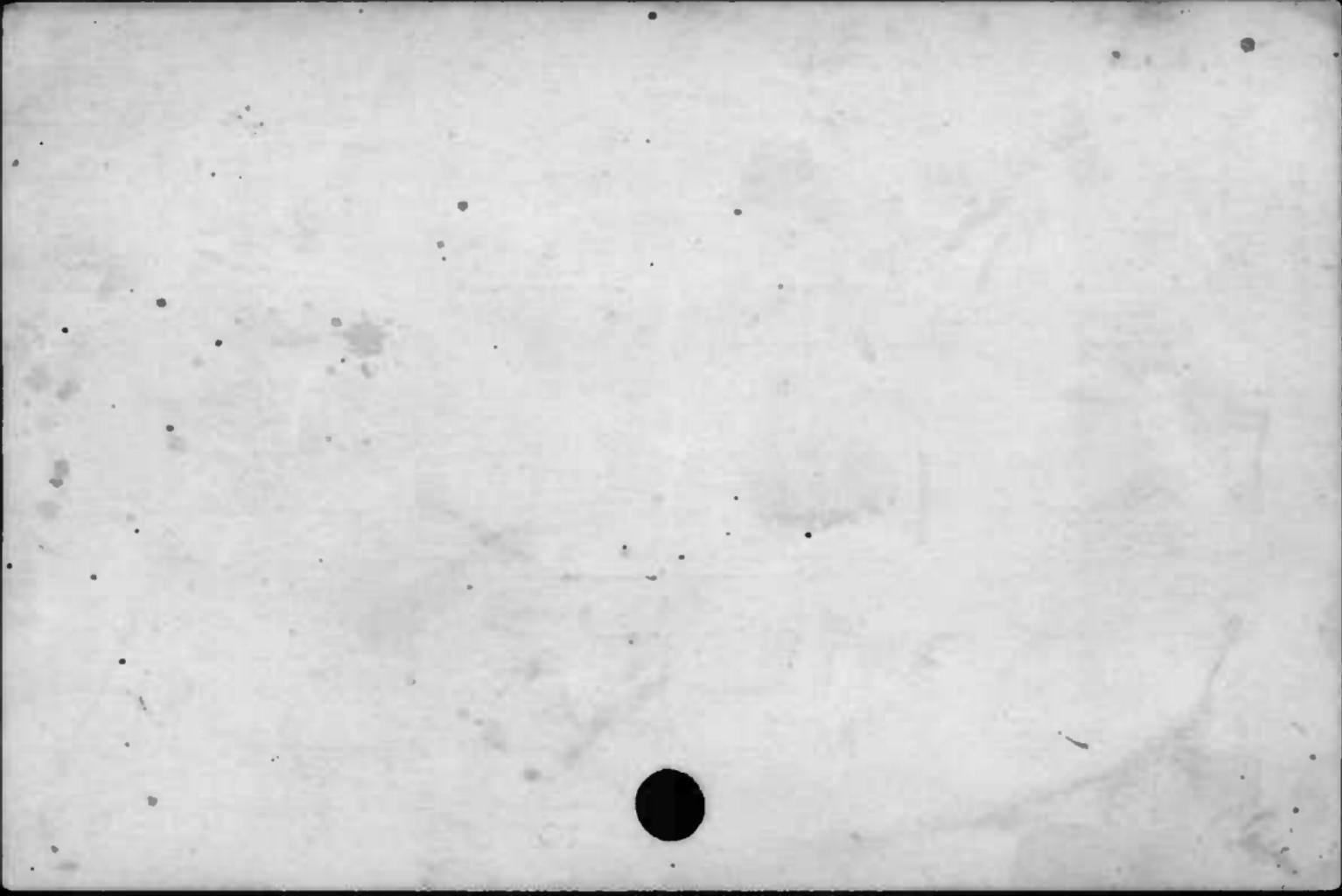
Signature of Physician

Joseph N. Gardner M.D.

Address

Rivendale**Md.**

Accident or Suicide?



Name
in
Full

James A Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town Died at Upper Marlboro	County Age 24.	MARYLAND			
Date of death 1906	Month 11	Day 12	Years 1	Months	Days 12
Sex male	Color or Race Black	Birth- place PG Co. Md.			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name William Bell	Father's Birthplace PG Co. Md.				
Mother's Maiden Name Rose Giffin	Mother's Birthplace Washington D.C.				
Name of person giving Information	How related to deceased Father				

PHYSICIAN
OR CORONER

Primary

Don't Know

CAUSES OF DEATH

179

How long

Since birth

Immediate

How long

This

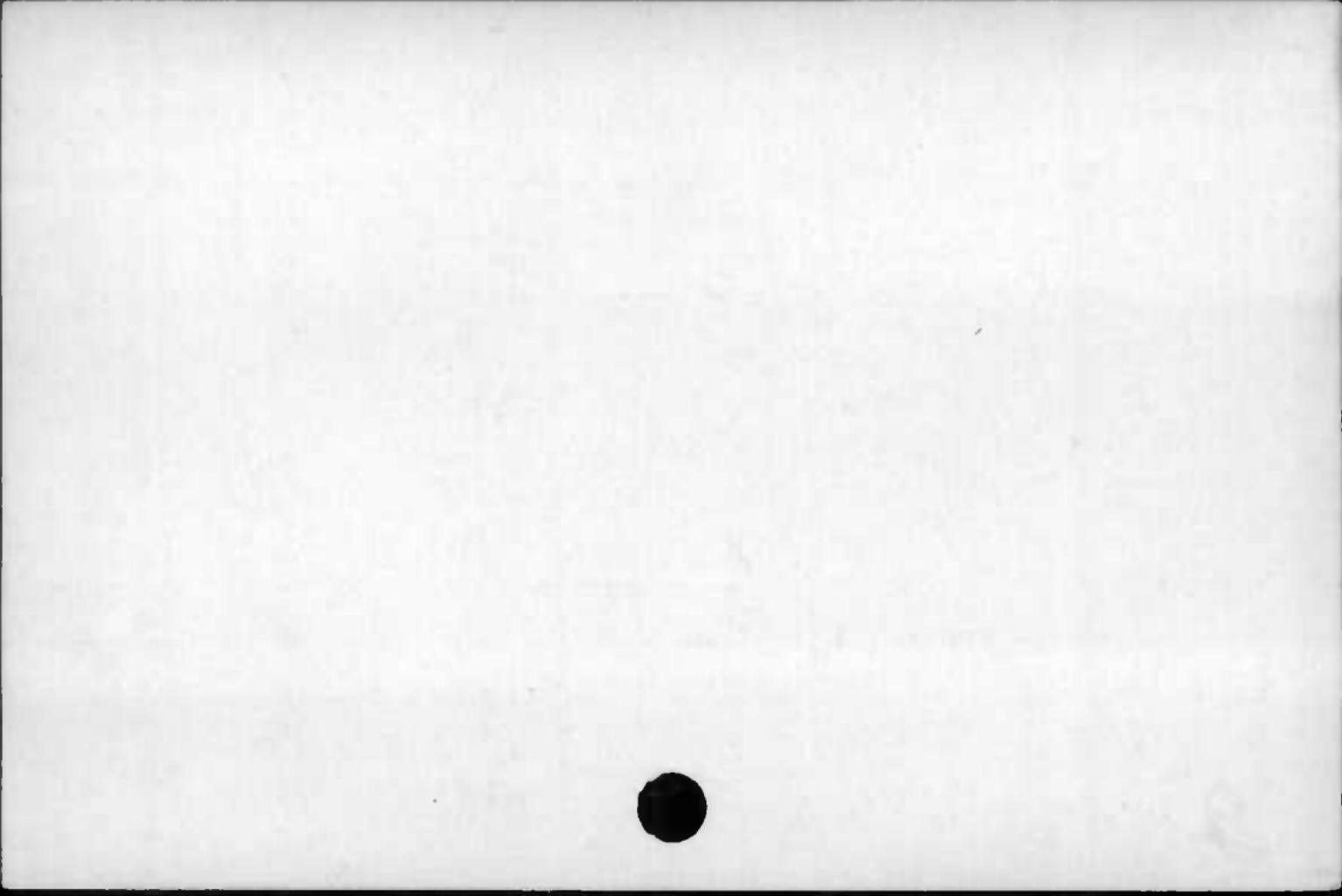
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

William Bell. Father
Upper Marlboro Md.

Accident or Suicide?



Name
in
Full

Thomas Boswell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Marlboro</i>	County <i>P. S. C.</i>	MARYLAND		
Date of death	Month <i>11</i>	Day <i>13</i>	Years <i>46</i>	Months	Days
Sex	<i>Male</i>	Color or Race <i>white</i>	Birth- place <i>Md</i>		
Occupation	<i>Blacksmith</i>			Where Residing if not at place of death	
Married, Single or Widowed	<i>Singer</i>	Name of Wife or Husband			
Father's Name	<i>John W. Boswell</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Mary E. Jones</i>			Mother's Birthplace	<i>Md</i>
Name of person giving Information	<i>Frederick C. Boswell</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

(6)

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

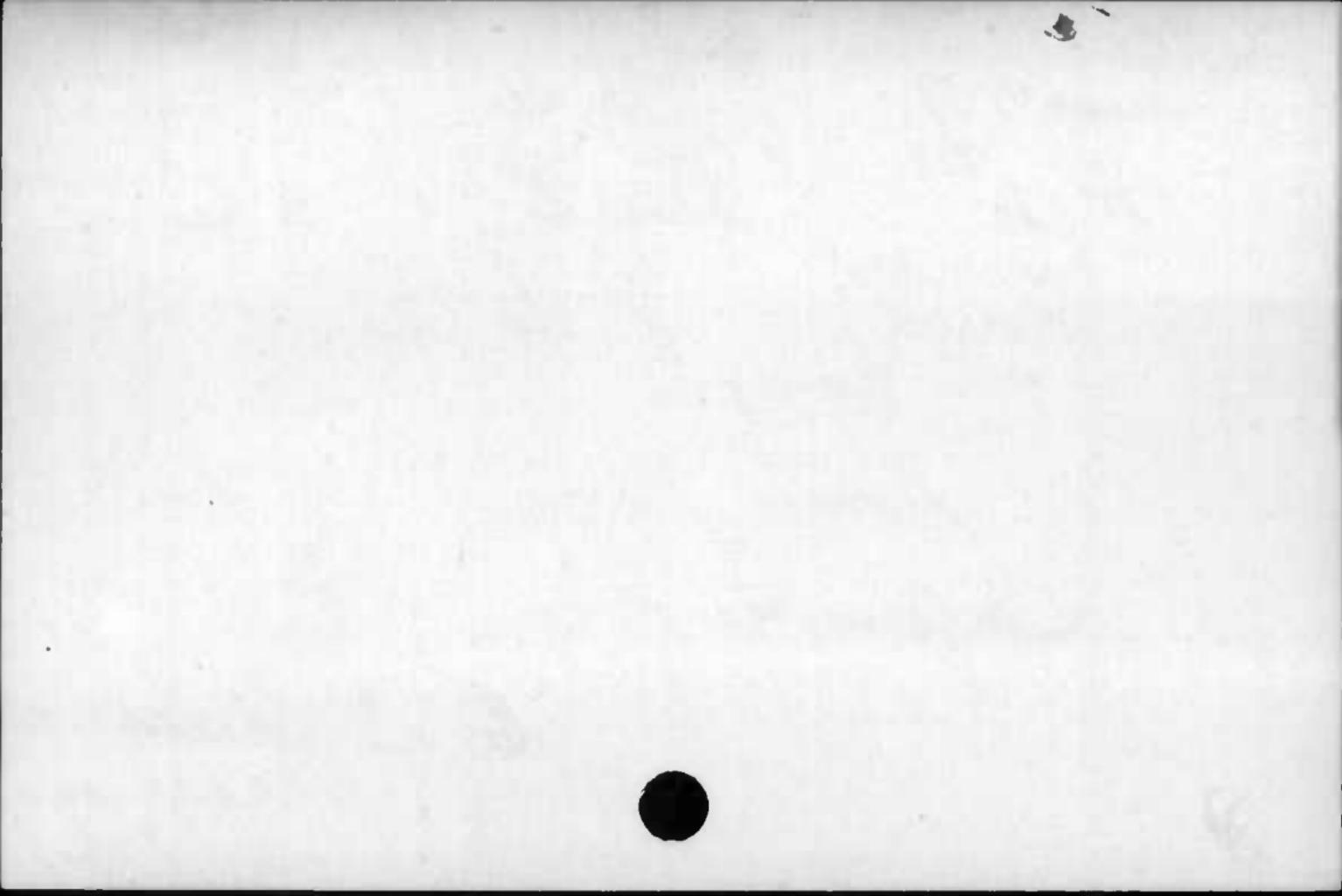
Signature of
Physician

Address

*Ronald Sawyer
aff'd Marlboro.
Md.*

8

Accident or Suicide?



Name
In
Full

Benjamin Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near F. B. Town

County

MARYLAND

Date of death 1906 Month Nov.

Day 4 Age 100 Years

Months - Days -

Sex Male

Color or Race

Colored

Birth-place

P. G. Co.

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Letty Boyd.

Father's Name

not known

Father's Birthplace

Mother's Maiden Name

" "

Mother's Birthplace

Name of person giving
Information

Samuel Boyd.

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Infirmities of age

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

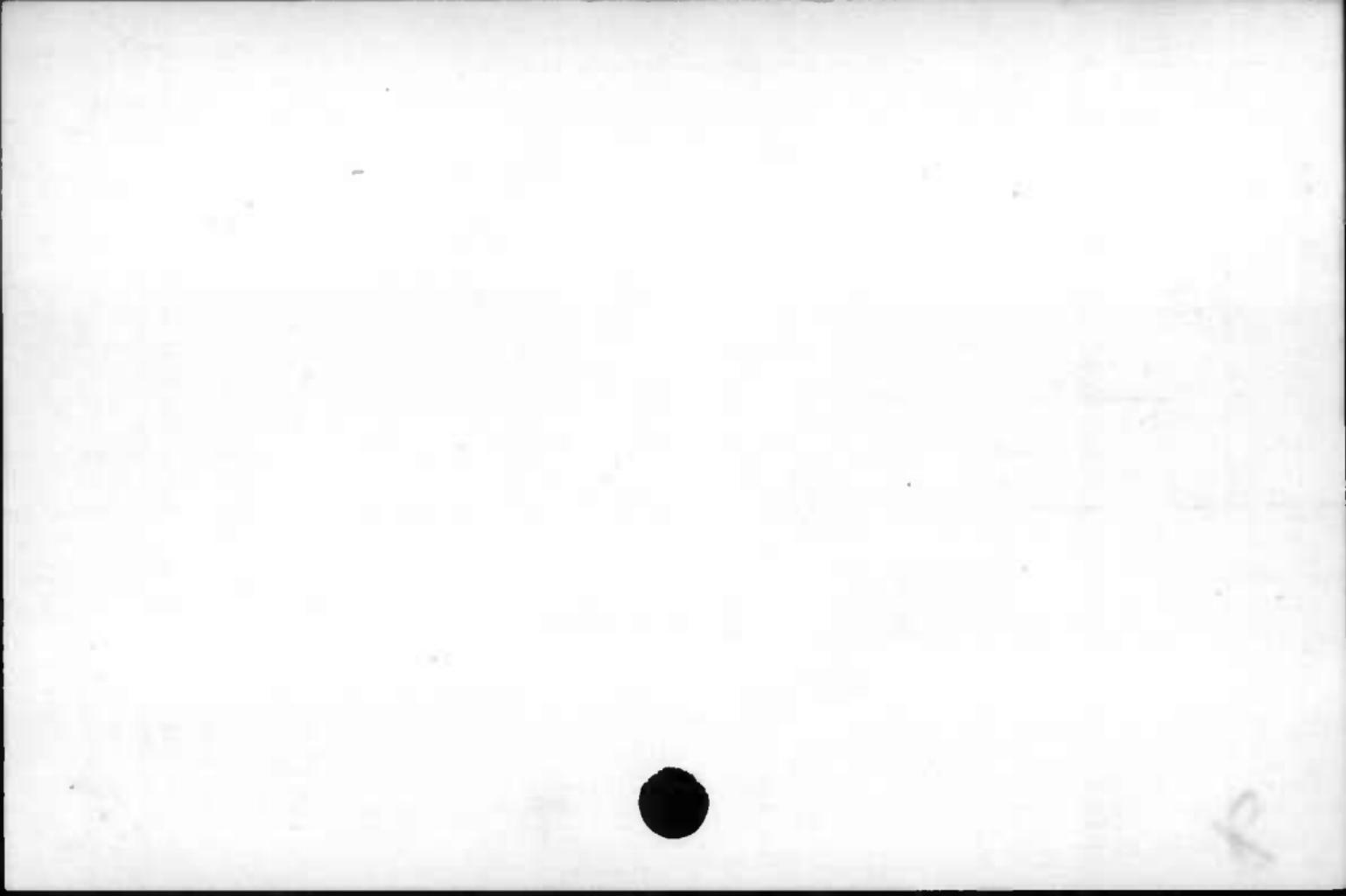
Address

E. D. Scott
Pescataway
md.

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

Eleanor Brooks K.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Town

Laurel

County

St. Mary's Co.

MARYLAND

Date
of death

Month

Day

Years

1906 Nov.

13

Age

6.

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of death

Howard Co.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Booker Brooks

Father's
Birthplace

Md

Mother's
Maiden Name

Cassie Howard

Mother's
Birthplace

Md

Name of person giving
Information

Cassie Brooks

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Meningitis

How long

3 or 4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

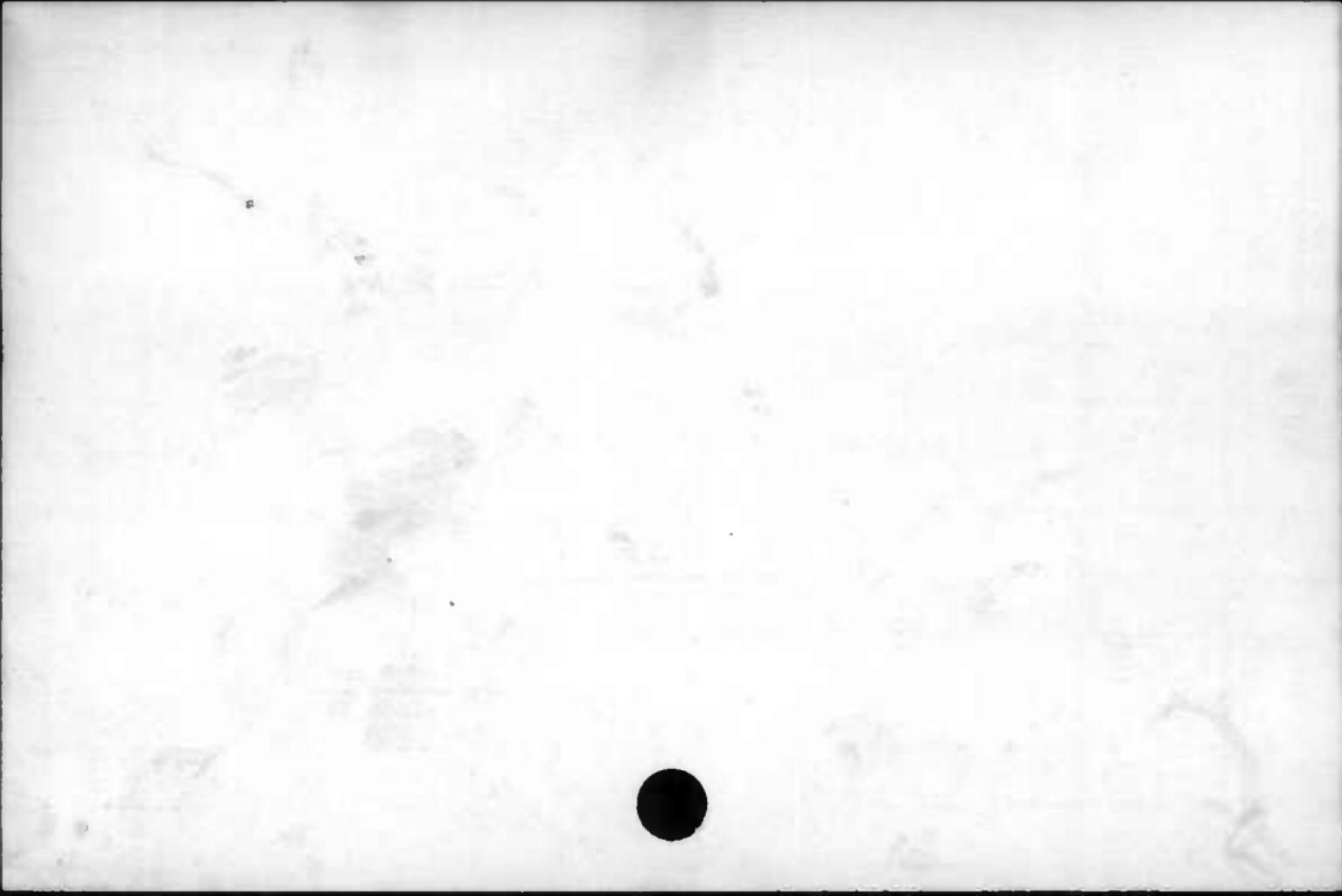
Signature of
Physician

Address

Dr. Richard
Laurie

Accident or Suicide?

Md



Name
in
Full

Augustine Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elsie Ann Brown			
Father's Name	Sam'l. Brown			Father's Birthplace	
Mother's Maiden Name	Amelia Brown			Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease of heart

How long

Don't know

Immediate

-

How long

Don't know

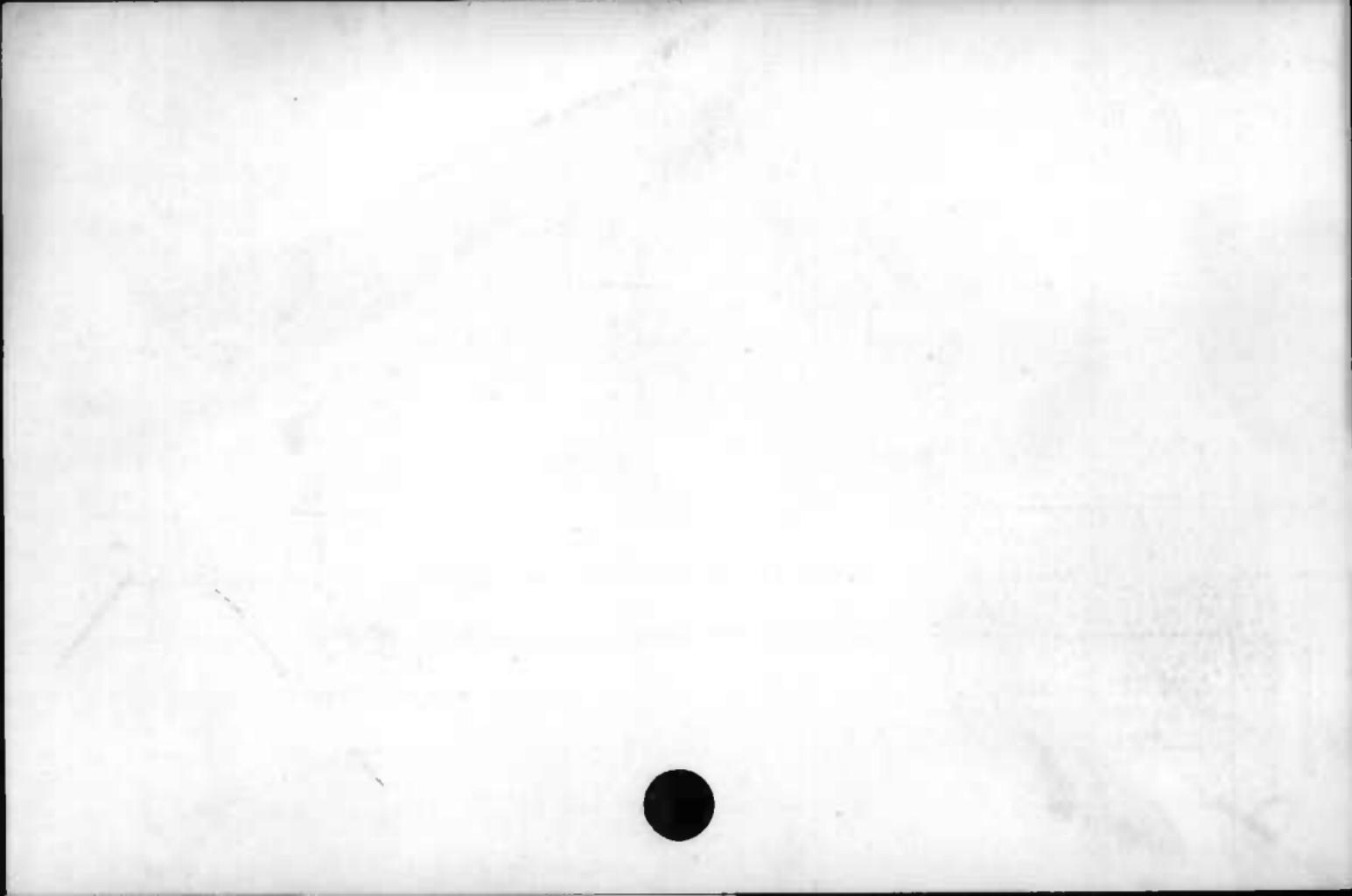
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Griffith
Upper Marlboro Md

Accident or Suicide?



John Henry Brown

Town

County

MARYLAND

Died at

Lakeland

Prin George

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1906	November	11	Age	2	4	16	Md
	Male	White		Married	Widow			Divorced
	Female	Colored		Single	Widower			Number of children living

Husband of

Wife

Father's Name

Pleasance Brown

Mother's

Maiden Name

Ardeen Franklin

Cause of Death

Primary

Phthisis Pulmonalis

How long sick

Immediate

Starving away

3 year
Accident, Suicide, Homicide

Reported by

W. A. Eunice M.D.

Address

Cottage Park

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Rufus K Brown

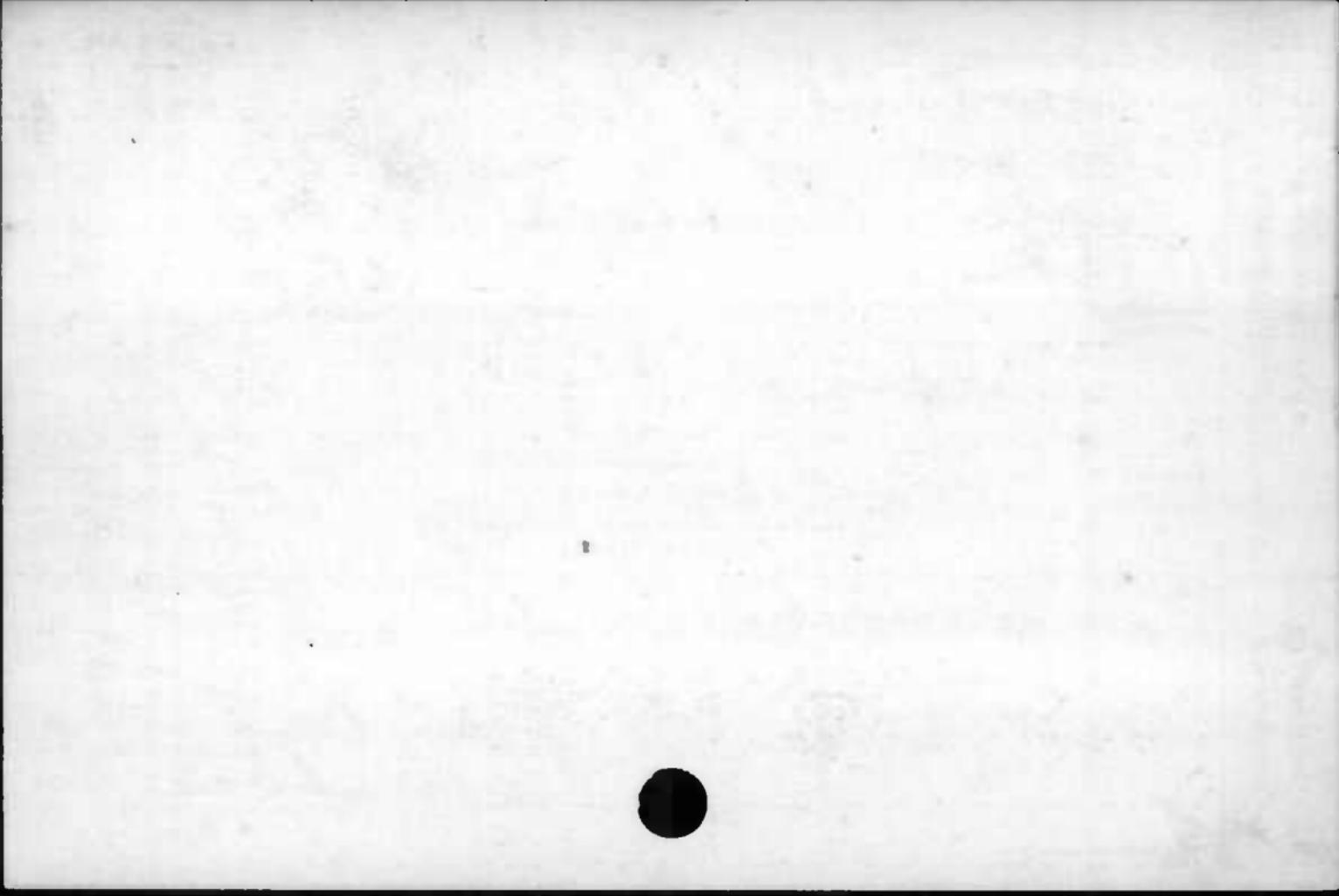
CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Nov	4	18	"	"
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death	Laurel	
Married, Single or Widowed	1921	Name of Wife or Husband	None	Father's Birthplace	Ind
Father's Name	Chas J. Brown		Mother's Birthplace		
Mother's Maiden Name	Matilda A. Donaldson		Ind		
Name of person giving information	Chas J. Brown		How related to deceased		

CAUSES OF DEATH

Primary	Typhoid fever	○	How long	3 weeks
Immediate			How long	

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	T. H. Purcell
		Address	Laurel MD
Accident or Suicide?			



Lovena M Bryant

Died at	Town	County	MARYLAND
Baltimore	Pasco Co		
Date 1906	Month Nov	Y. M. D.	Occupation
Native of	31.0.0	Ind	Housewife
Date 1906	Day 28		
Male	White	Widow	
Female	Colored	Divorced	
Husband of	Amos S. Bryant	Number of children living	

Wife	Amos S. Bryant		
Father's Name	Samuel Rhine	Mother's Name	Matilda Rhine
Cause of Death	Primary	Tuberculosis	How long sick
	Immediate	Phthisis Pulmonalis	Accident, Suicide, Homicide

Reported by

Mr. Evergreen
College Park

Address

Ind -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William H. Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	woodgarden		own	County	MARYLAND	
Date of death	Month	Day	Year	Age	Months	Days
Sex	Male	Color or Race	Bleach	Birth-place	bed	
Occupation	house	Where Residing if not at place of death				
Married, Single or Widowed	at home					
Father's Name	George Butler					
Mother's Maiden Name	bed					
Name of person giving information	Robert Butler					

CAUSES OF DEATH

Primary	Tubercular meningitis	How long	Probably 1 week
Immediate	Congestion brain	How long	12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. F. Leaming

Address

Leland

Md.

Accident or Suicide?

dear friend.

I had not
seen this cited for
a week. This is the
best information I
can get gath^red.

Yours
J. L. W.

Name
in
Full

Charity Fletcher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cour		MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Robert Fletcher		
Father's Name	Father's Birthplace Maryland			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased Son			

1906 Nov 23 83

Female Colored Maryland

House wife

Widow

Charles Wood

Don't Know

Charles Fletcher

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular Disease of Heart How long

Immediate Front How long

Are the name, age, sex, color, date and place correctly given above?

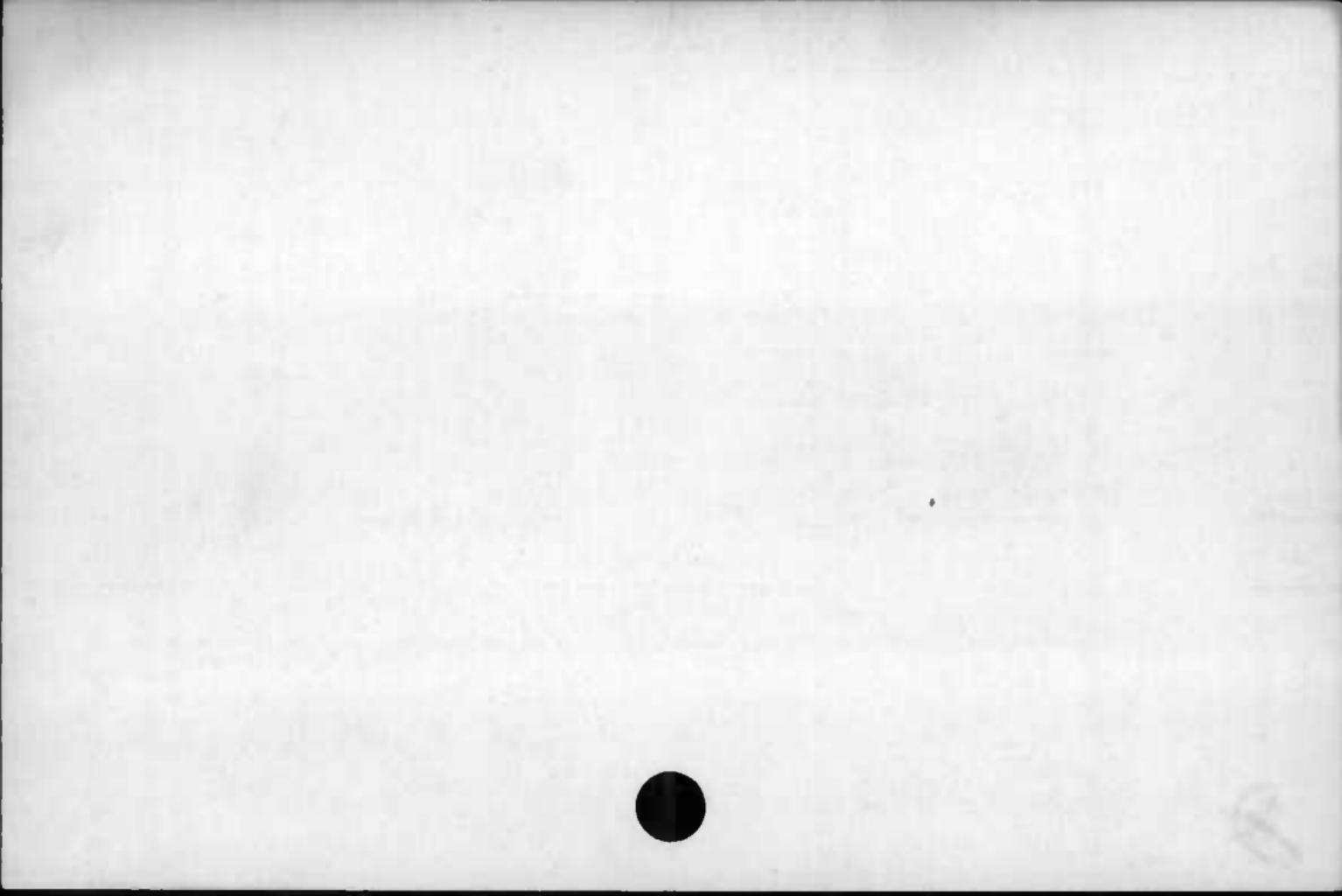
Yes

Signature of Physician

Address

Nelson A Ryerson
Bowie

Accident or Suicide? No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Cedarville		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1906	11	12	60	60		
Sex	Male	Color or Race	Negro	Birth-place	Maryland	
Occupation	Farm hand	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	Mary Ford	Father's Birthplace	Maryland	
Father's Name	James Ford	Mother's Maiden Name	Barbara Grunfeld	Mother's Birthplace	Maryland	
Name of person giving information	Daniel Ford	How related to deceased	Son			

CAUSES OF DEATH

Primary

Chronic Pulmonary
Emphysema

How long

4 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

as near as possible

Address

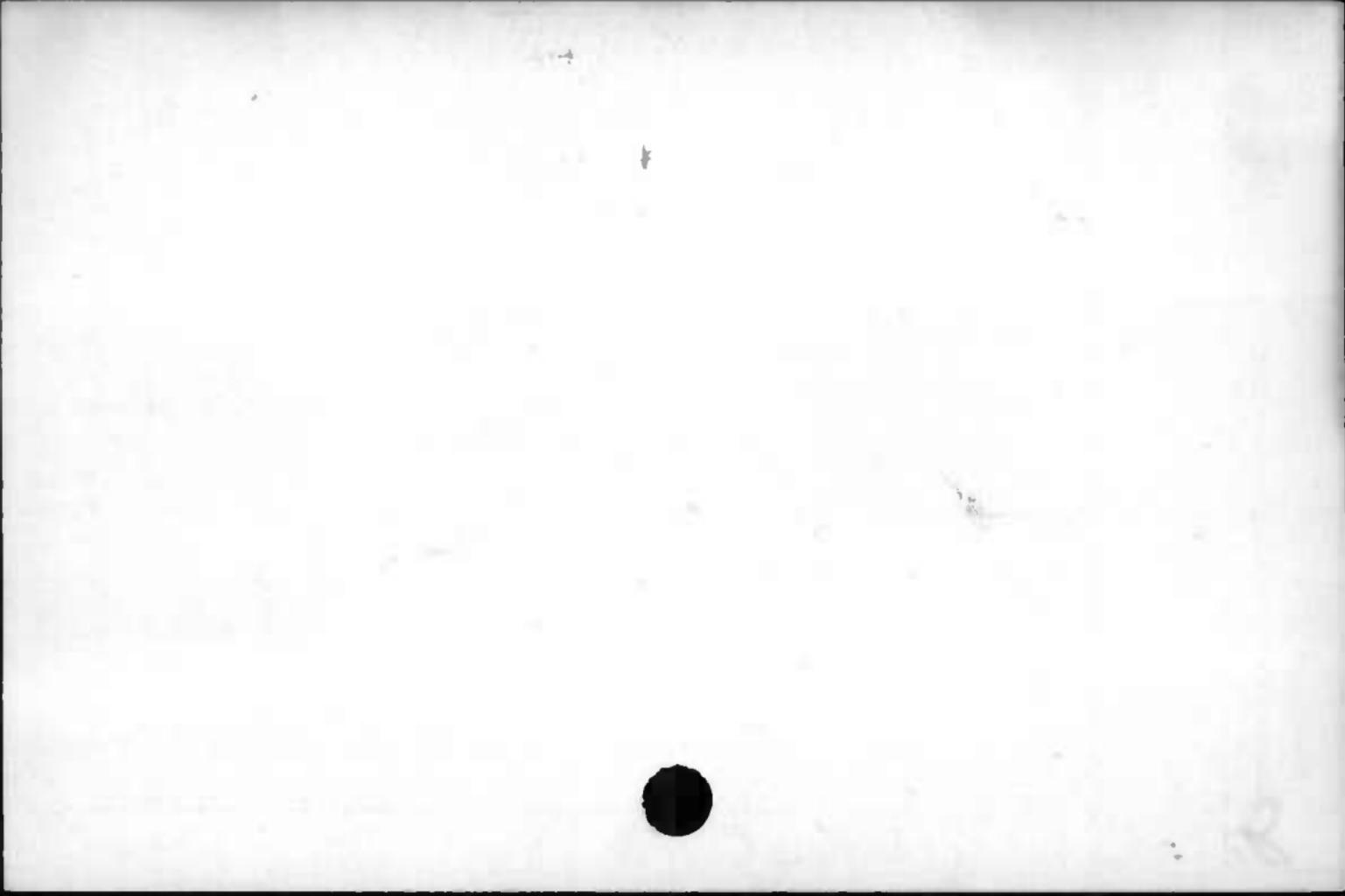
W. R. Latimer M.D.

Topeka

Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

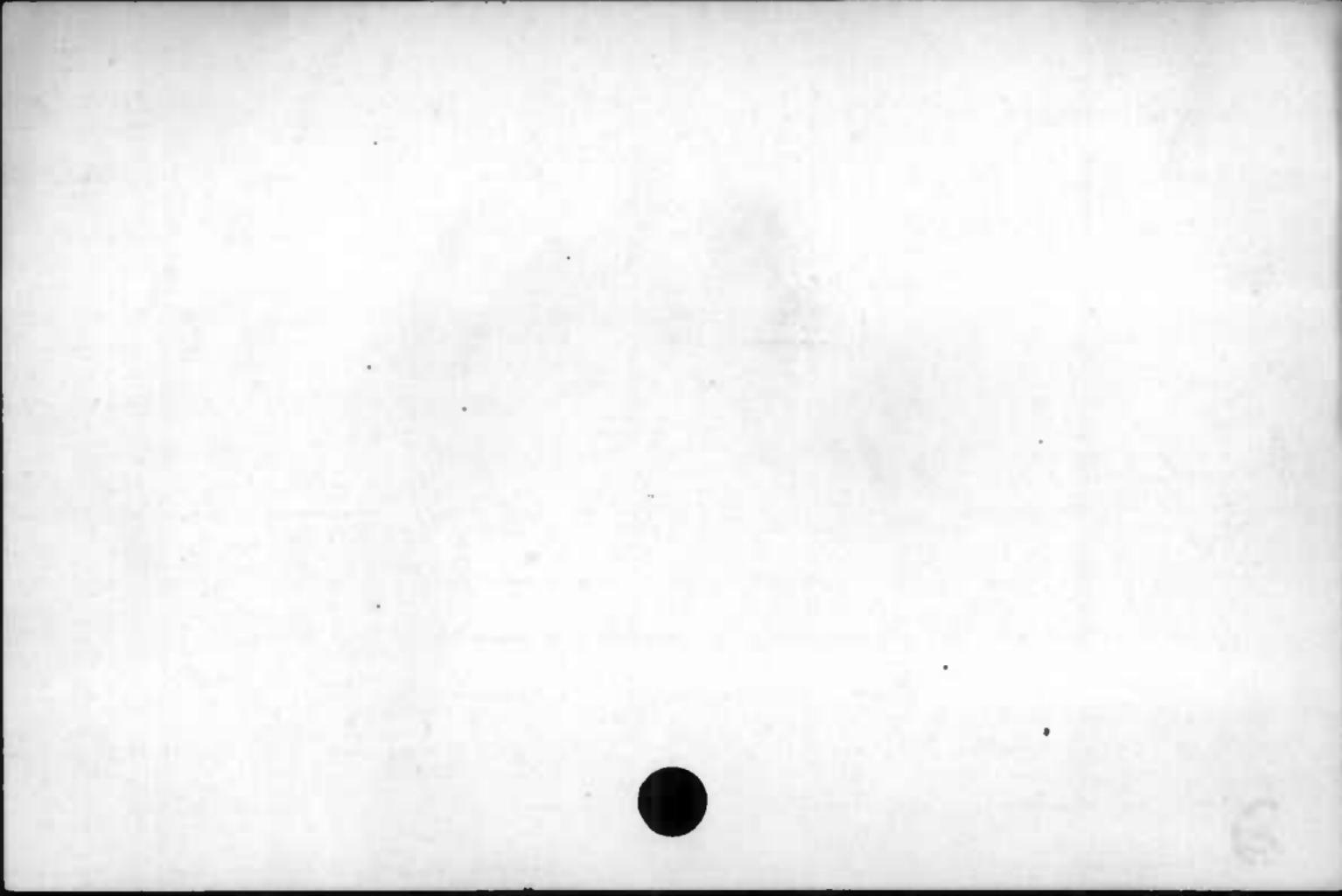
Wm Fowler.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Nov.	30 th	Age 12			
Sex	male	Color or Race	White	Birth-place	md	
Occupation	School boy.	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James Fowler			Father's Birthplace	md	
Mother's Maiden Name	Jessie Richardson			Mother's Birthplace	md.	
Name of person giving information	Albert Randall			How related to deceased	None	

CAUSES OF DEATH

Primary: Shot himself. (6) How long immediate
Immediate: accidental How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician
Address
Accident or Suicide? John E. Sausbury Jr.
Forestville
Md.



Name
in
Full

Edna May Gay

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906 Nov.	1	Age	one
Sex	Color or Race	Birth-place	Wash. D.C.
Female	-evlered		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wash. D.C.		
Mother's Maiden Name	P.G. County, Md		
Name of person giving Information	How related to deceased		
Mary. Langster			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Natural Causes

179

How long

two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes -

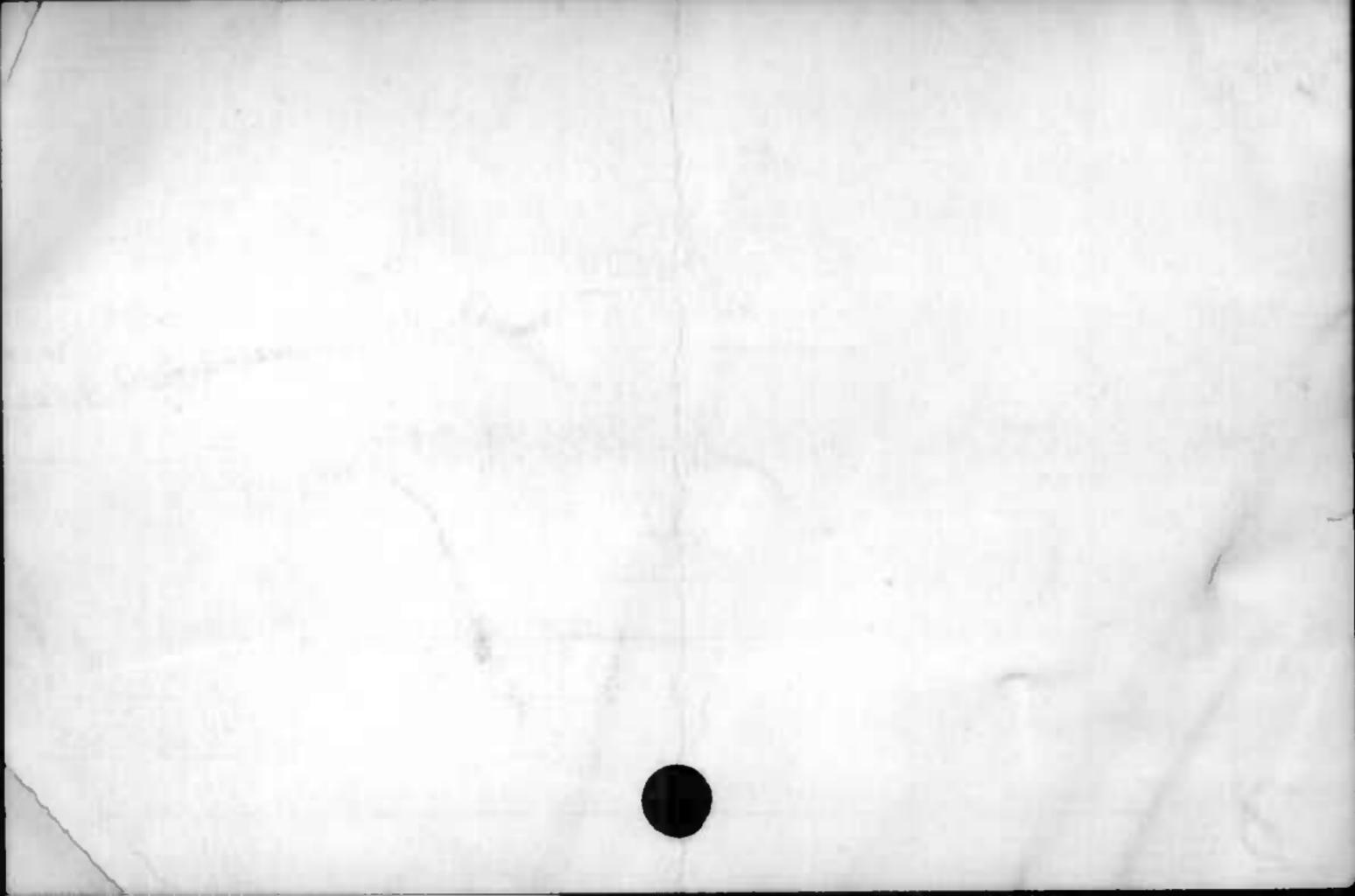
Signature of Physician

Augustus J. Dahler Jr.

Address

acting Coroner
Bladensburg Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Herbert - Harley

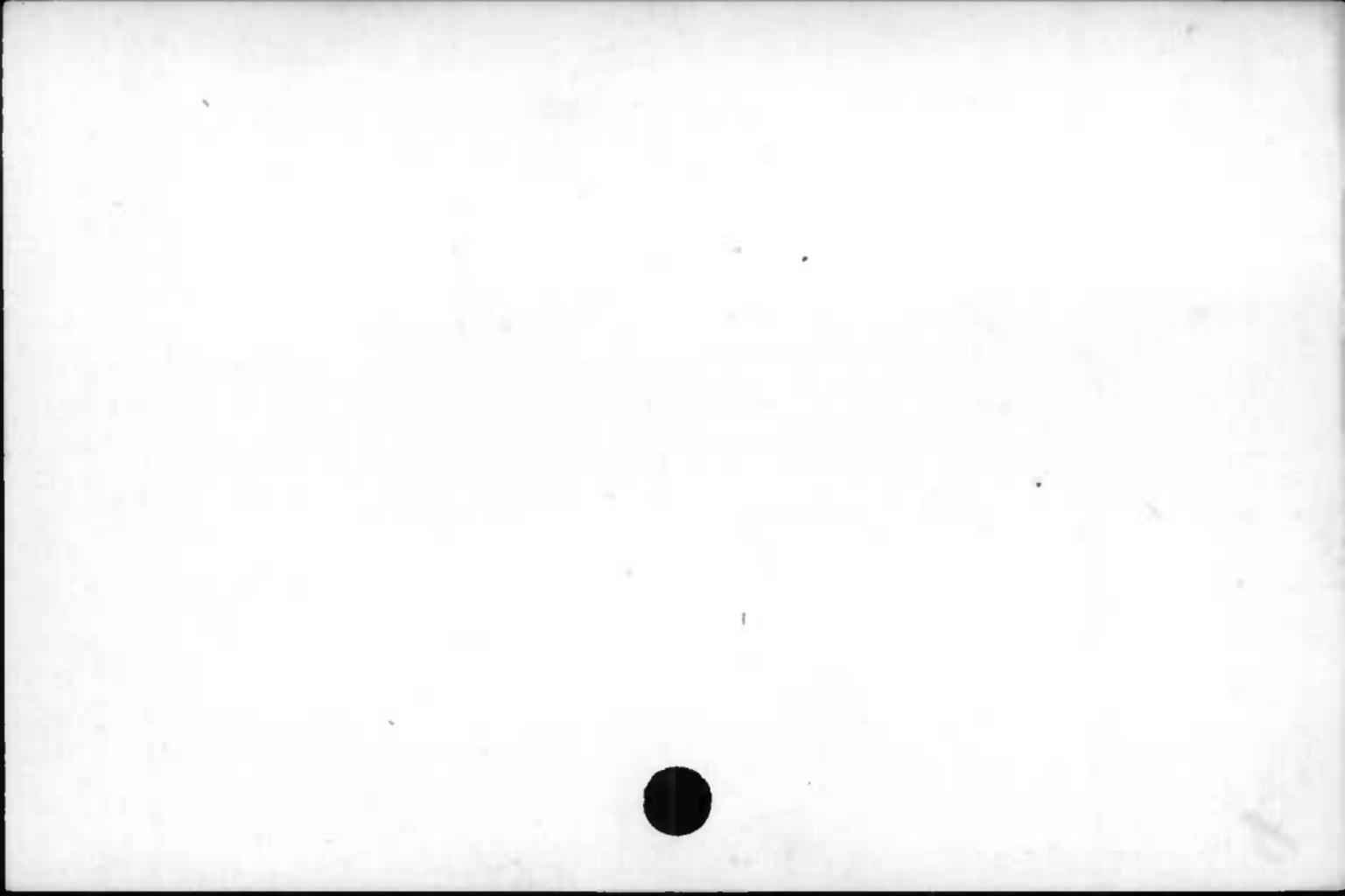
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Color	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Mrs. Ernest - Harley
 Townsend, Pr. Soc.
 1906 11 24 1 10 6
 male Colored
 Occupation
 Where Residing if not at place of death
 Married, Single or Widowed
 Name of Wife or Husband
 Father's Name
 Mother's Maiden Name
 Name of person giving information
 Father's Birthplace
 Mother's Birthplace
 How related to deceased

CAUSES OF DEATH

Primary	Cause of Death		How long
Cerebral Spinal Meningitis			2 muk
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
yes	John A. Cox		
Address			
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still born boy Hawkins					CERTIFICATE OF DEATH	
Died at	Town	R.L.		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Black		Birth-place	Hyattsville Md	
Occupation	Where Residing not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Pleco		
Father's Name	Edward Hawkins		Mother's Birthplace	W. Va		
Mother's Maiden Name	Rebecca brother		How related to deceased	Mother		
Name of person giving Information	Mother Rebecca brother					
CAUSES OF DEATH						
Primary	Still Born			How long		
Immediate				• How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr. Parr		
			Address	Hyattsville Md		
Accident or Suicide?						



Name
In
Full

Ida Holman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

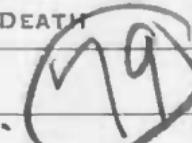
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Colored
Occupation	Hauswif	Where Residing if not at place of death	Washington D C
Married, Single or Widowed	Married	Name of Wife or Husband	Wm Holman
Father's Name	Louie Jones	Father's Birthplace	Ind
Mother's Maiden Name	Mary Marshall	Mother's Birthplace	Ind
Name of person giving information	Wm Holman	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long



Immediate

How long

Heart-disease

few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

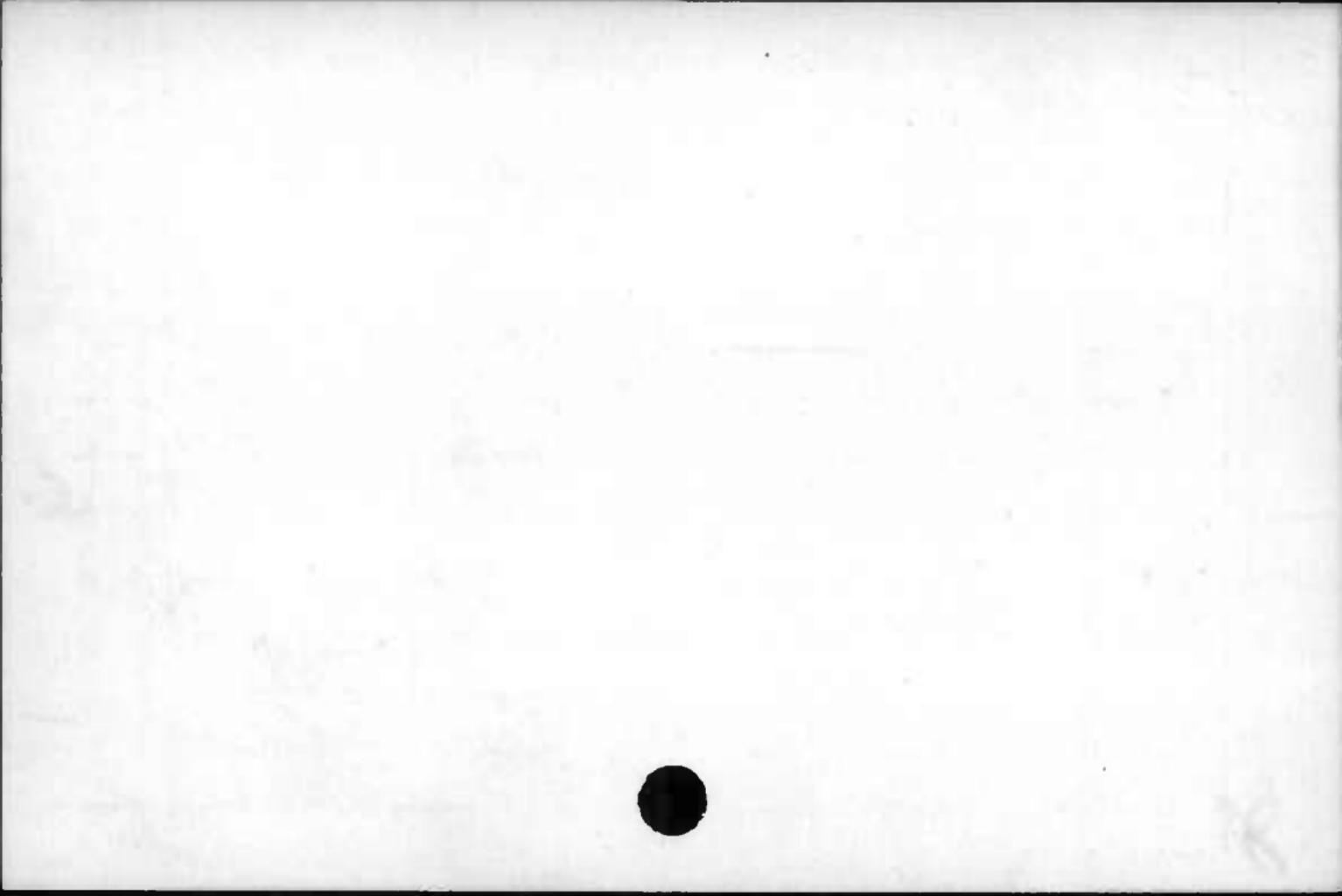
John A. Cox

Address

I.B.

Ind

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ida B. Ireland

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Dalles	D.L.				
Date of death	Month	Day	Years	Months	Days
1906	11	26	Age	2	
Sex	Color or Race	White			
Female					
Occupation	Where Residing if not at place of death				
Done	Plywood				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Julius Ireland				
Mother's Maiden Name	Ida M. Phillips				
Name of person giving Information	Julius Ireland				
Father's Birthplace	A.A. Los Angeles				
Mother's Birthplace	A.A. Los Angeles				
How related to deceased	Father				

CAUSES OF DEATH

Primary

Not known

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

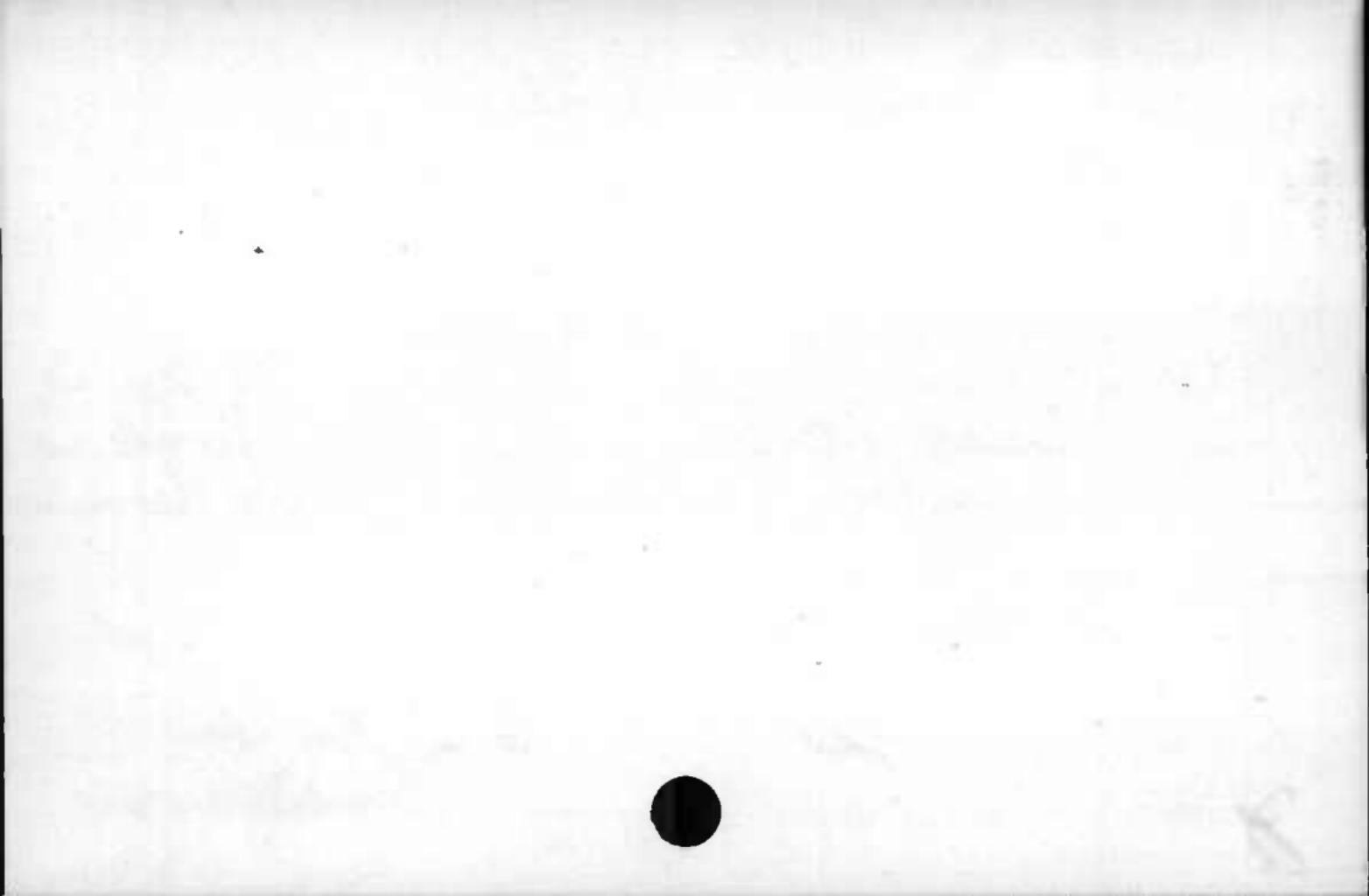
Address

Thur G. Lansbury
Logestville Md
bopied in ink

bopied in ink

Accident or Suicide?





Name
in
Full

Connie Kirby.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Piscataway</u> Town <u>On Geo.</u> County				MARYLAND	
Date of death <u>1906 Nov.</u>	Month <u>Nov.</u>	Day <u>1</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Age			
Occupation <u>House-wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Allen Kirby</u>	Father's Name <u>Thomas Kirby</u>	On Geo. Co		
Mother's Maiden Name <u>Teresa Waller</u>		Mother's Birthplace <u>On Geo. Co</u>			
Name of person giving Information <u>Altair Gallahan</u>		How related to deceased <u>Brother-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis.



How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

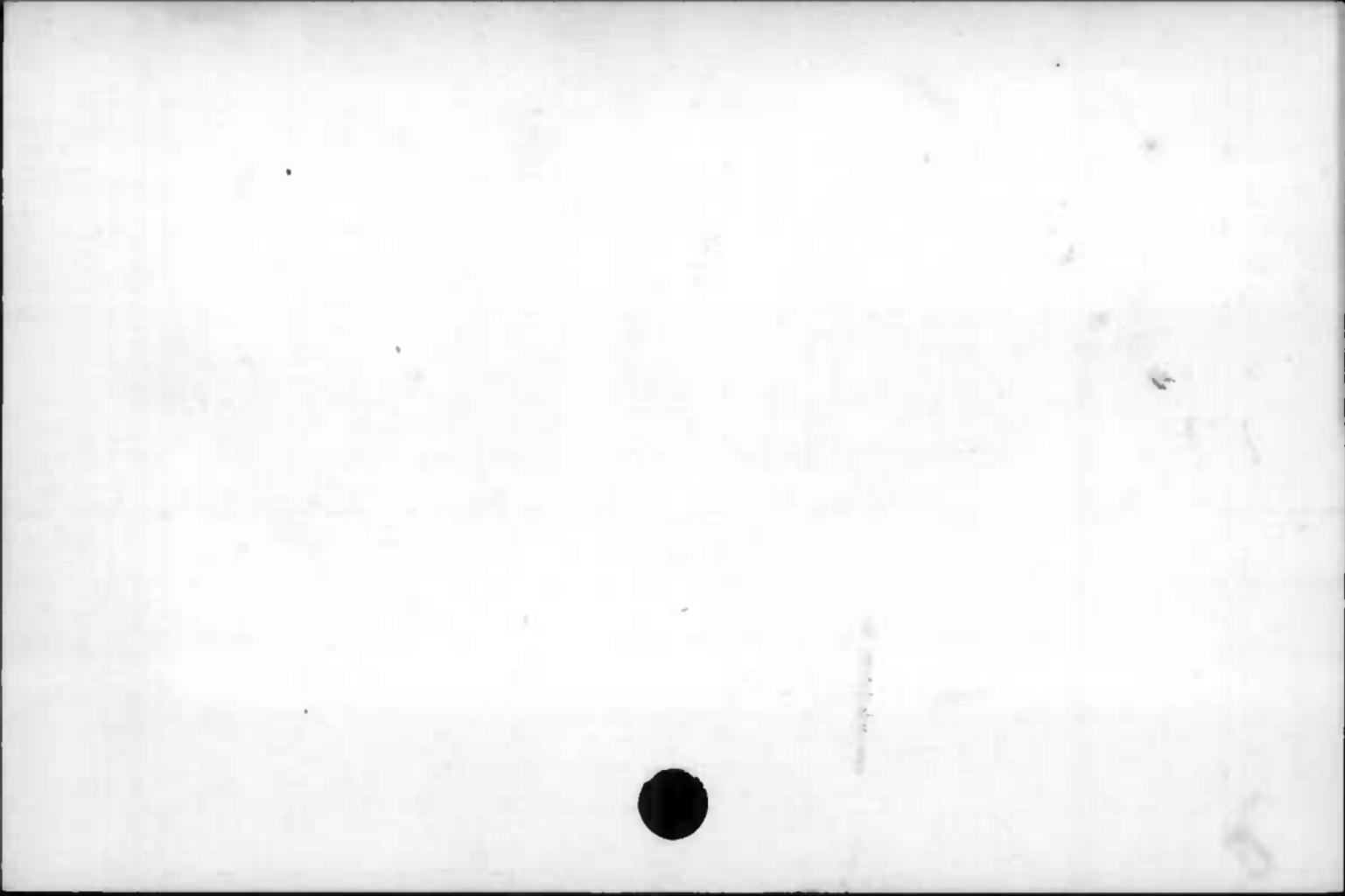
Signature of Physician

E. D. Burk

Address

Piscataway
Ind.

Accident or Suicide?



Name
in
Full

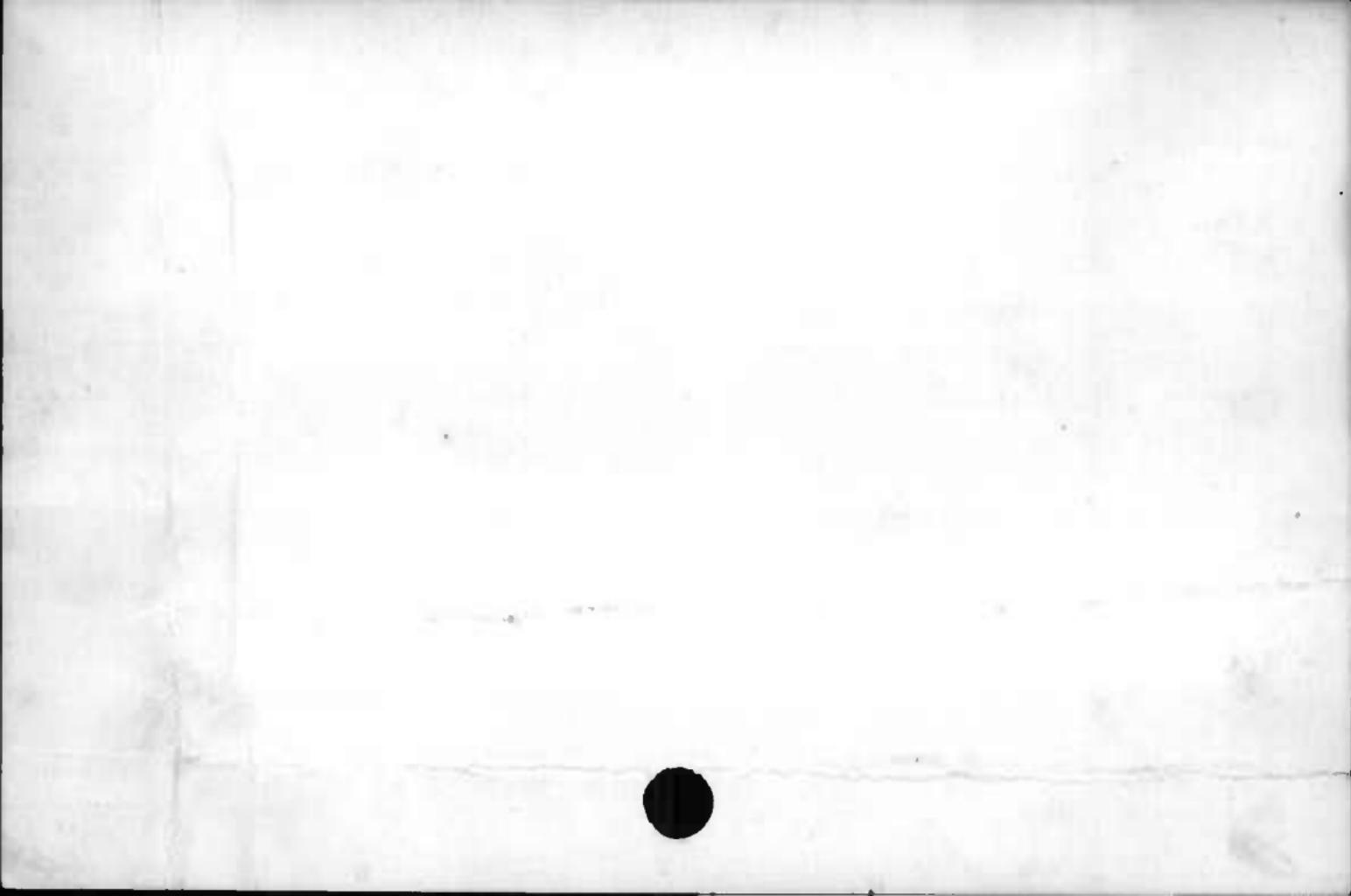
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Nov	25	75	10	3	
Sex	male	Color or Race	White	Birth- place	Hagerstown	
Occupation	Where Residing if not at place of death					
Teacher	Hagerstown Amherstdale					
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Peter & Clayton		Father's Birthplace	Hagerstown		
Mother's Maiden Name	Thomasine Beardsley		Mother's Birthplace	Hagerstown		
Name of person giving Information	Brother Clementine		How related to deceased	no relation		

CAUSES OF DEATH

Primary	Chronic Gastritis	101	How long	six months
Immediate	Weakness & Prostration		How long	two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. A. Fox	
Yes		Address	Bellevue Hospital	
Accident or Suicide?				



Name
in
Full

George La breaeue

CERTIFICATE OF DEATH

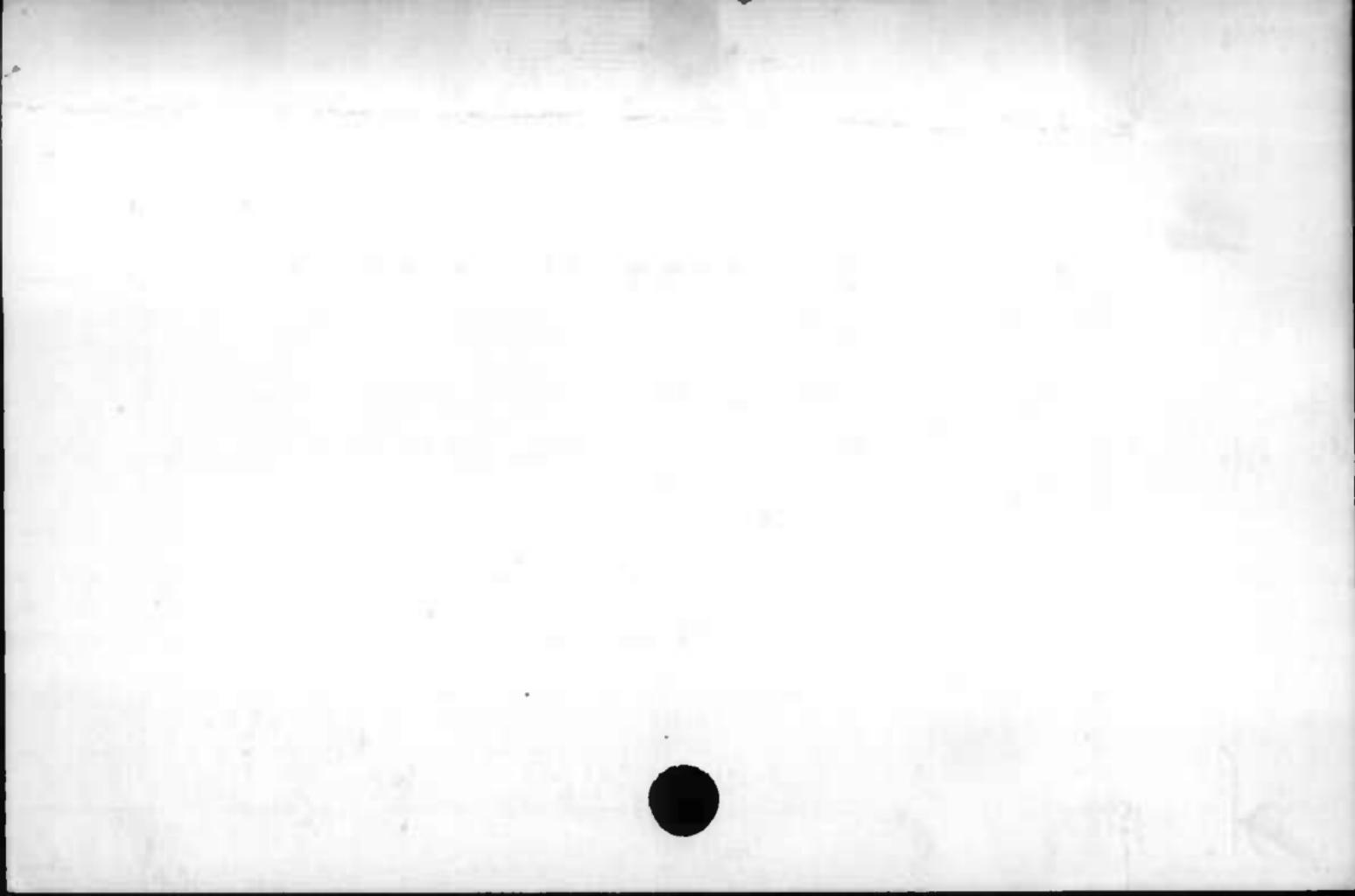
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Canada
Occupation			Where Residing if not at place of death	Annevale	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles La breaeue		Father's Birthplace	-	
Mother's Maiden Name	Marie Louise Columbus		Mother's Birthplace	-	
Name of person giving information	Bro Clemonson		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	(11)	How long	about 2 yrs
Immediate	"	(11)	How long	about 20 min
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		E a Fox	
Yes	Address		Bellevue Md	
Accident or Suicide?				



Name
in
Full

Philip William Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Rosserville	County Pt. Geo.	MARYLAND		
Date of death	Month 1906	Day 11	Years	Months 3	Days
Sex	Male	Color or Race	Birth-place Rosserville		
Occupation	Child.	Where Residing if not at place of death Rosserville			
Married, Single or Widowed	Child.	Name of Wife or Husband			
Father's Name	Reese Lancaster,		Father's Birthplace	Md.	
Mother's Maiden Name	Jennie Williams		Mother's Birthplace	Md.	
Name of person giving Information	Reese Lancaster		How related to deceased	Father	

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

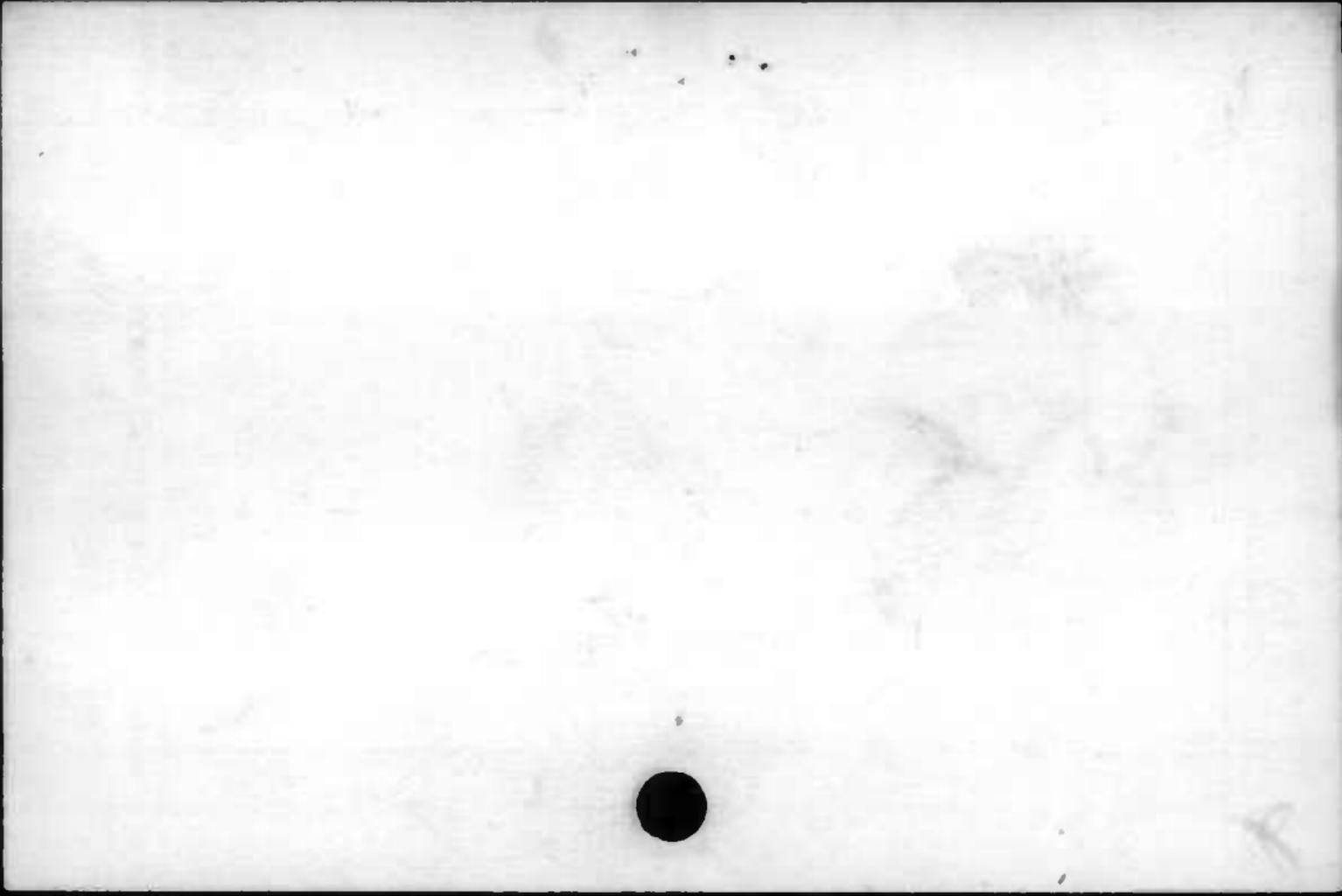
Signature of Physician

**J.W. Murphy
Danville Md.**

Address

Accident or Suicide?

PHYSICIAN
OR CORONER**J**



Name
in
Full

Mary Lewis

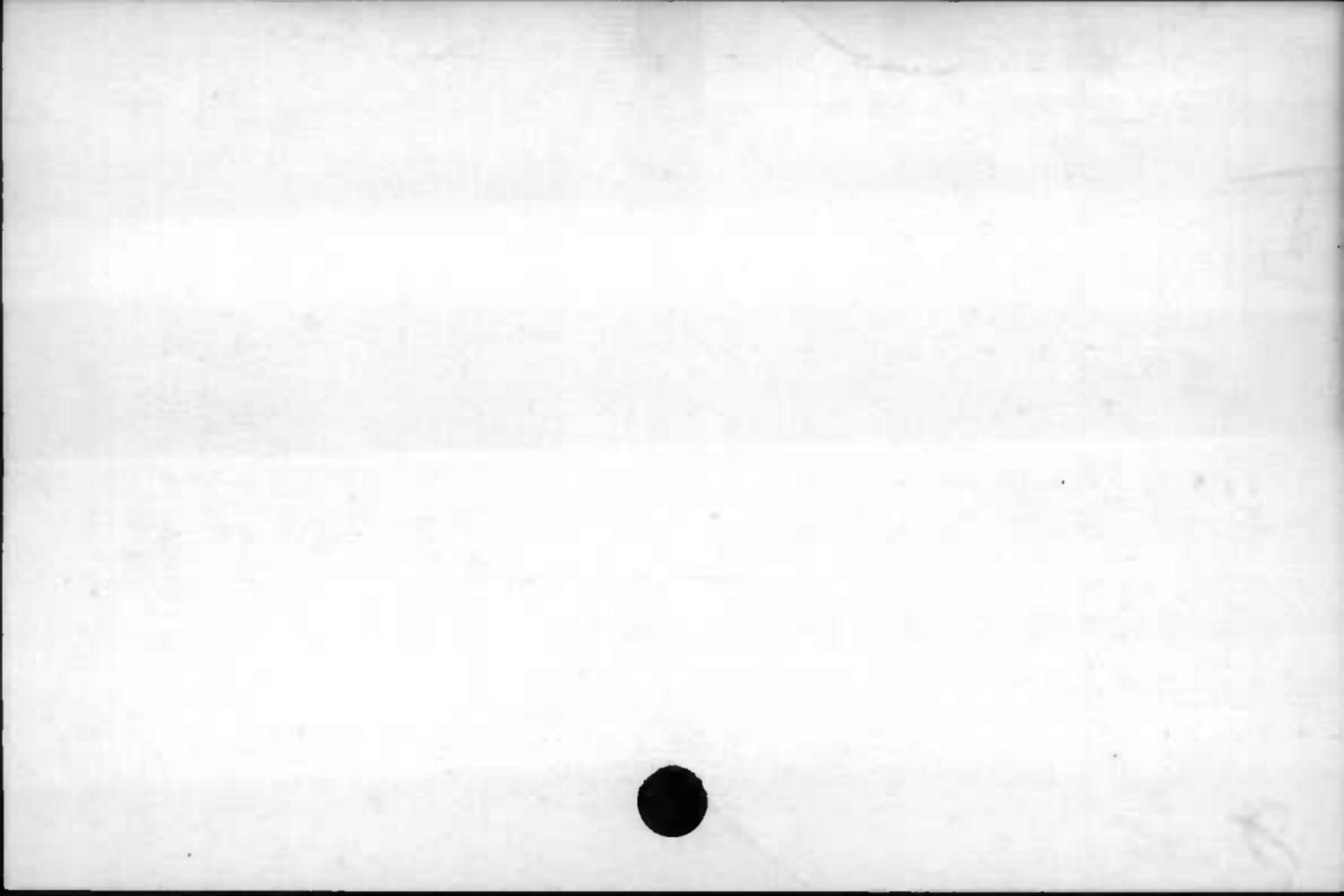
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Willis Lewis			
Father's Name	Peyton Taylor				
Mother's Maiden Name	Agnes Dair				
Name of person giving information	Revis Lancaster				
CAUSES OF DEATH					
Primary	Tuberculosis (1)				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. Taylor	
			Address	Laurel Md	
Accident or Suicide?					

PHYSICIAN
OR CORONER

8



Annie Margarita Little -

Town

County

Died at

Riverside (Dear) Pomona Georges

MARYLAND

Date 1906

Nov 25

Month

Day

Y.

M.

D.

Native of

Occupation

Age

570

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Cornelius Little

Mother's

Maiden Name

Florence Little -

Cause of

Primary

Contagion

How long sick

2 days

Death

Immediate

Diphtheria

Accident, Suicide, Homicide

Reported by

W.D. Engelese M.D.

College Park

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind



Name
In
Full

John Waring Low

CERTIFICATE OF DEATH

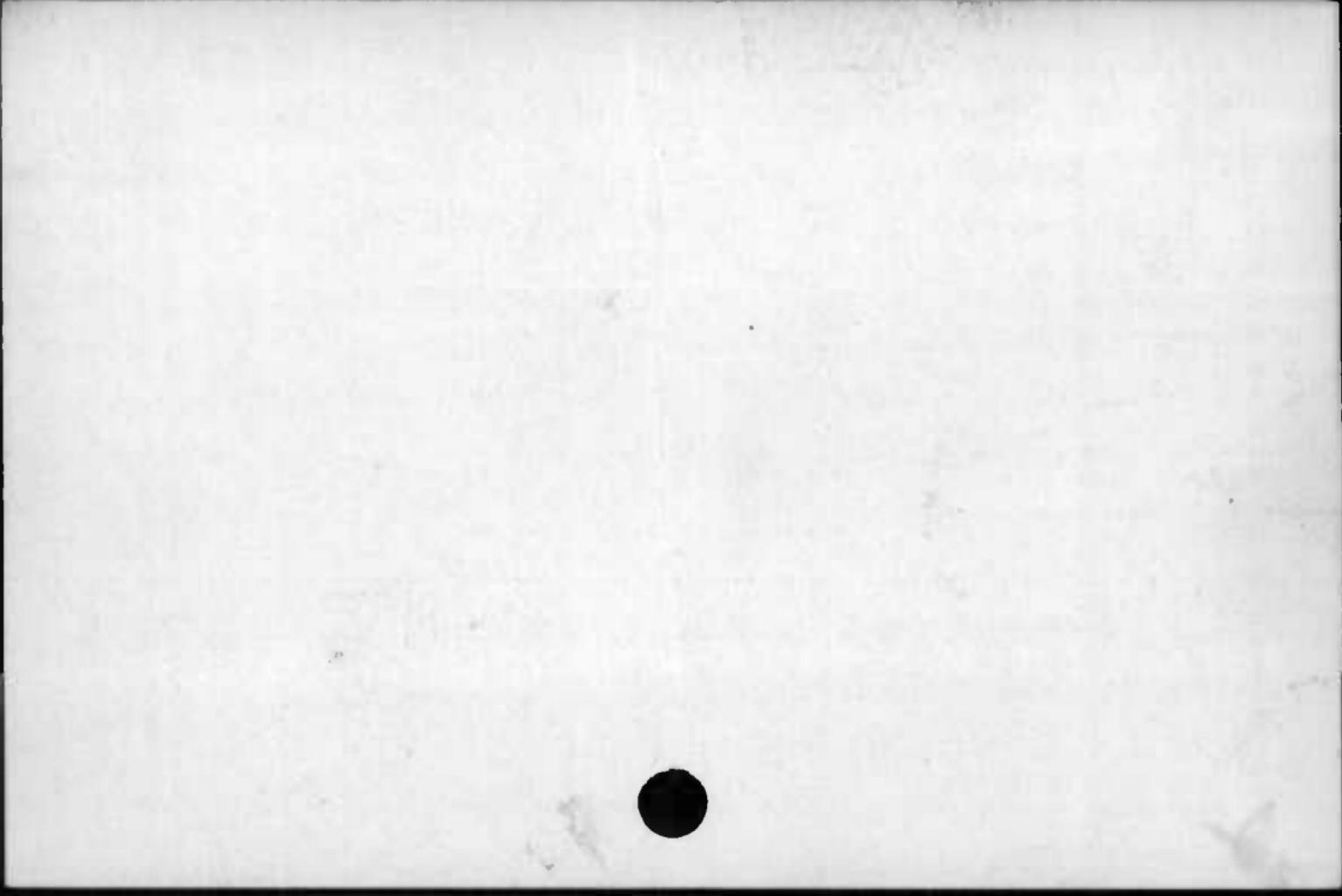
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race		white		Birth-place		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William E Low				Father's Birthplace		
Mother's Maiden Name	Lizzie George				Mother's Birthplace		
Name of person giving Information	Lizzie Loway				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup		How long	3 days
Immediate	Pulmonary Edema		How long	12 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John E Dowshay	
		Address	Forestville, Md.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Henry Monroe

CERTIFICATE OF DEATH

Died at	Co Almo House	Town	P.C.	County	MARYLAND	
Date of death	1906	Month Nov	Day 17	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	md.	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	not known			Father's Birthplace		
Mother's Maiden Name	not known			Mother's Birthplace		
Name of person giving information	Beauel Allwinkle			How related deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

Immediate

Sometime.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

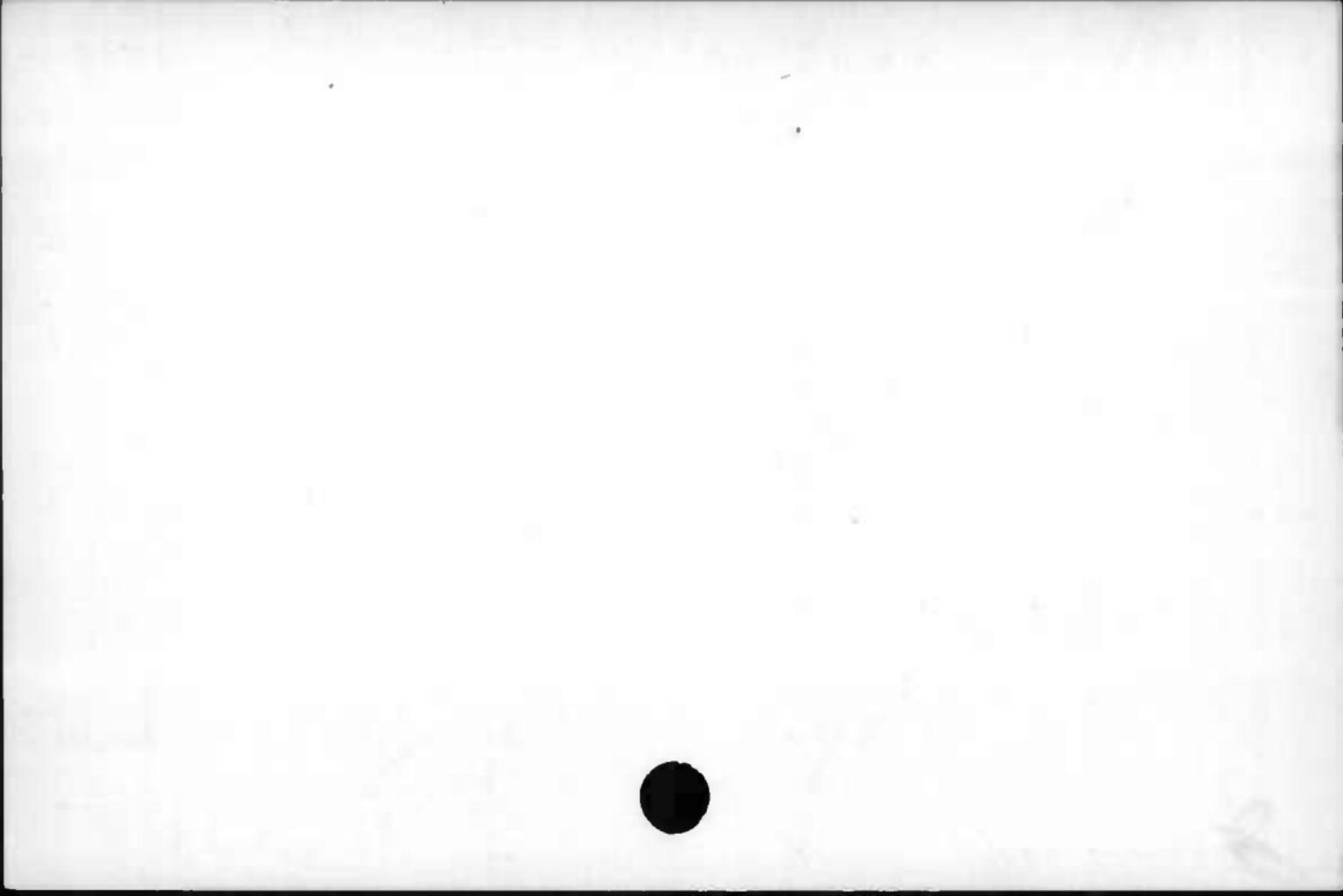
Signature of Physician

Address

Dr J. S. Perry

Hyattsville
Md.

Accident or Suicide?



Name
in
Full

Mary H. Neale

CERTIFICATE OF DEATH

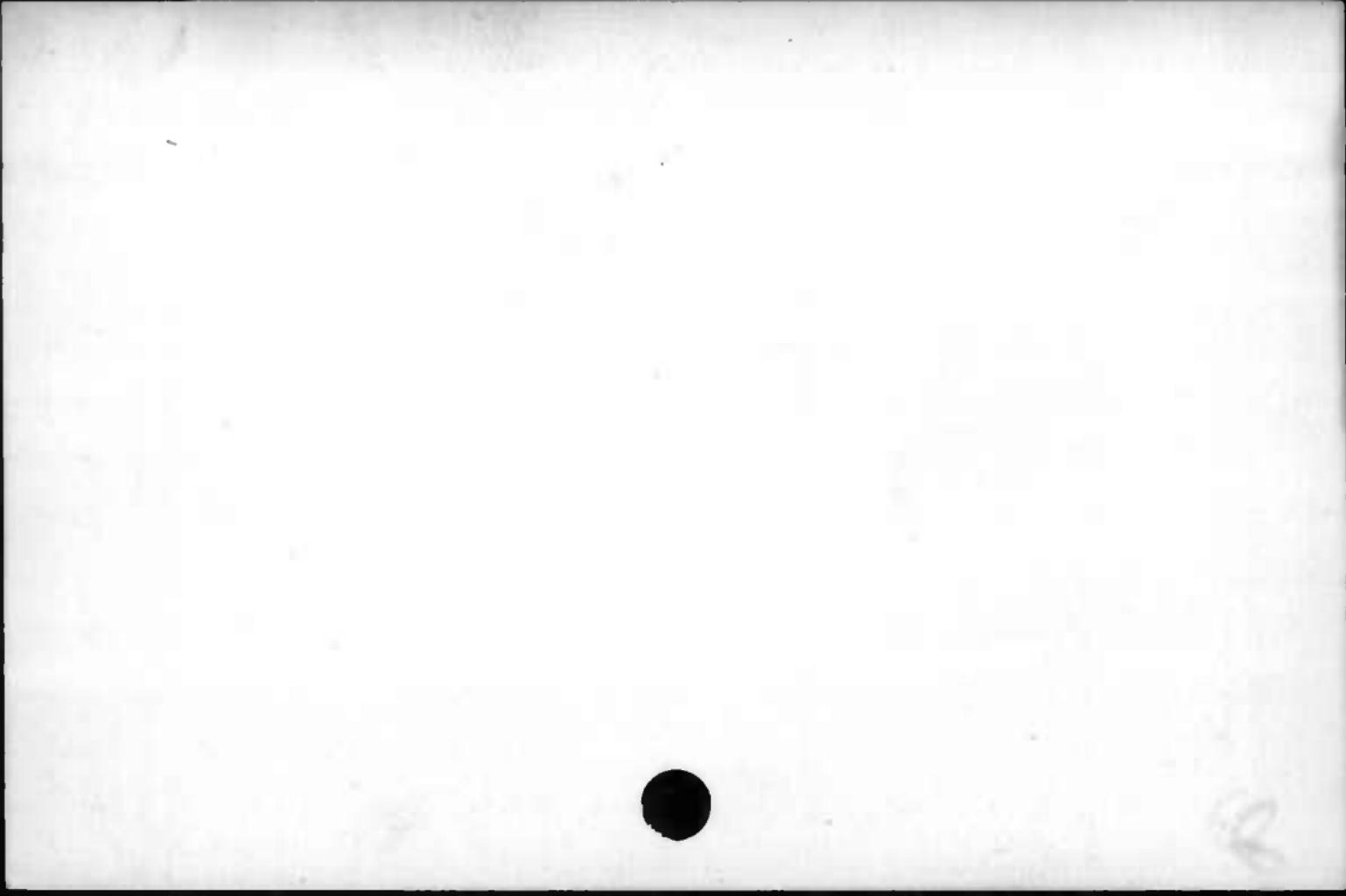
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hughesville	Baltimore	Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	Nov	3	68	—	—
Sex	Female	Color or Race	white	Birth-place	
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Edward E. Hamilton		Father's Birthplace	Md	
Mother's Maiden Name	Anne E. Spalding		Mother's Birthplace	Md	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	Interstitial Nephritis		How long	3 years or more
Immediate	uremic poisoning		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Henry W. Hamerlin
			Address	Hughesville Md
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

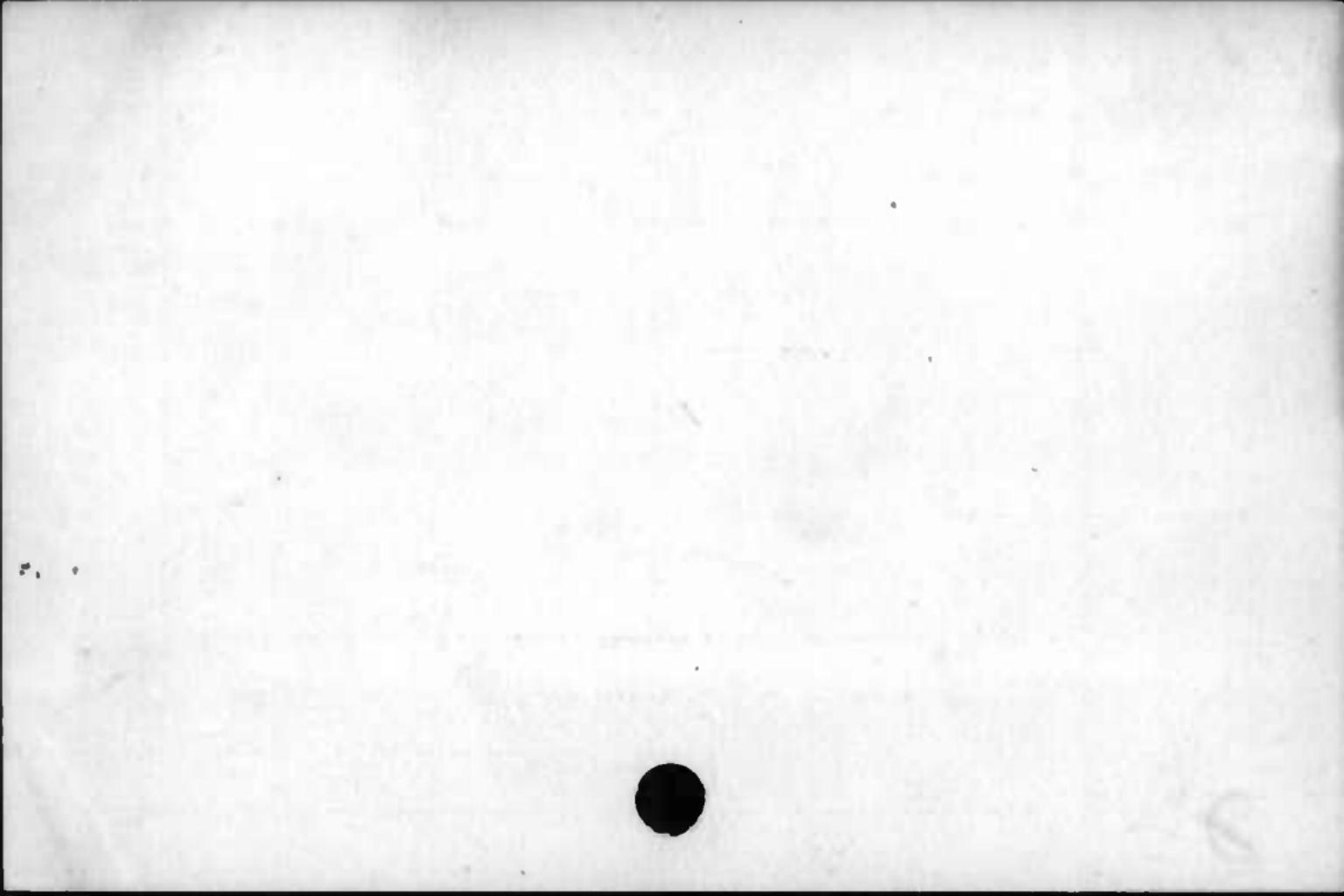
Catherine Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hyattsville		Town	County Prince George		MARYLAND	
Date of death 1906	Month November	Day 1	Years	Months 6	Days 1	
Sex Female	Color or Race Colored	Birth-place Hyattsville Md				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Perry					
Mother's Maiden Name	Mary Snell					
Name of person giving Information	John Perry					
CAUSES OF DEATH						
Primary	Natural Causes (170)					
Immediate						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Augustus H. Dahler, M.D.		
		Address		Acting Coroner		
Accident or Suicide? 8		Bladensburg Md				



Joseph Sodilek

Town

County

Died at near Laurel, Prince Co.

MARYLAND

Date 1906	Month Nov.	Day 25	Y. 65	M.	D.	Native of Bohemia	Occupation Laborer
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	Six

Husband of Mary Sodilek

Father's Name James Sodilek

Mother's Maiden Name Unknown

Cause of Death	Primary	Gastric Ulcer	How long sick
	Immediate	In a month	6 months

(10/1)

Accident, Suicide, Homicide

Reported by

Dr. Grossmiller
Laurel, MD

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Sweeney

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Clinton

P.G.

Date
of death 1906 Nov 24

Month

Day

Years

Months

Days

Age

9

Sex Male

Color or
Race

White

Birth-
place

Abed

Occupation

House

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lee Sweeney

Father's
Birthplace

Mother's
Maiden Name

Broadway

Mother's
Birthplace

Name of person giving
Information

Lee Sweeney

How related
to deceased

CAUSES OF DEATH

Primary

Leukemia

How long

3 weeks

Immediate

Congestion of brain

How long

Are the name, age, sex, color, date
and place correctly given above?

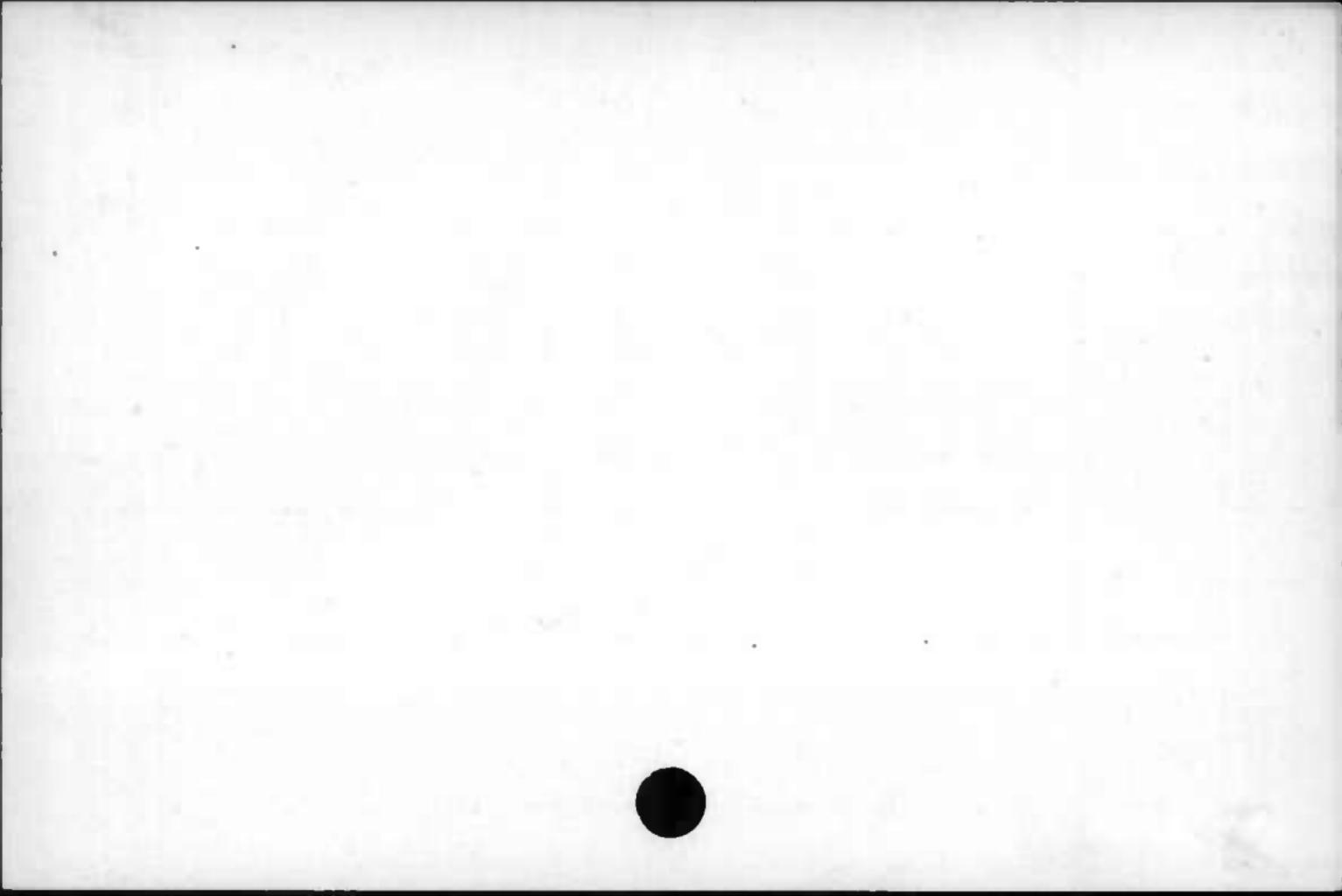
Yes

Signature of
Physician

Address

J. L. Cleaving
Clinton
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hugh Walter Thompson

Town
Rosecroft -

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Pr. Geo.		
Date of death	Month	Day	Years	Months Days
1906	11	28	66	6
Sex	Male	Colored	Birth-place	Med.
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife & Husband	Jane Thompson		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
Daniel Thompson Son				

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis Probably years

How long

Immediate

Cardiac weakness Anasarca 4 mon

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

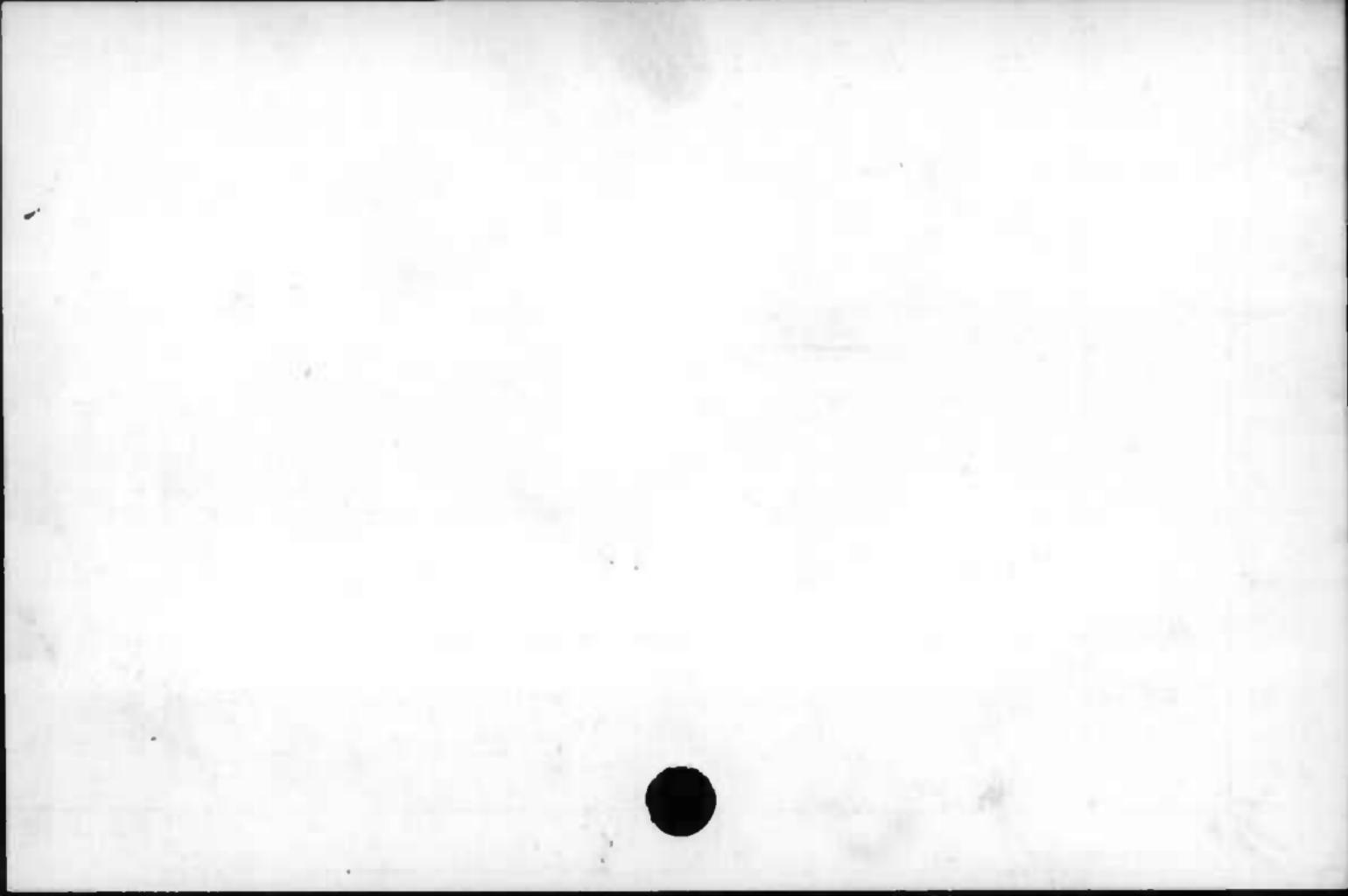
Address

PR. GEO. CO. MD.

DECEASED

PR. GEO. CO. MD.

Accident or Suicide?



Name
in
Full

Isabella Mary Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PYTHONIAN
OR CORONER

8

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1906	Nov	26	20
Sex	Age	Months	Days
Female	87	3	20
Occupation	Color or Race	Birth-place	Scotland Edinburgh
None	White	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Scotland
Single	John Thompson	Scotland	Scotland
Father's Name		Mother's Birthplace	Scotland
Mother's Maiden Name	Jane Stern	How related to deceased	Niece
Name of person giving information	Miss Laura Matthews		

CAUSES OF DEATH

Primary

apoplexy

60

How long

about 2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

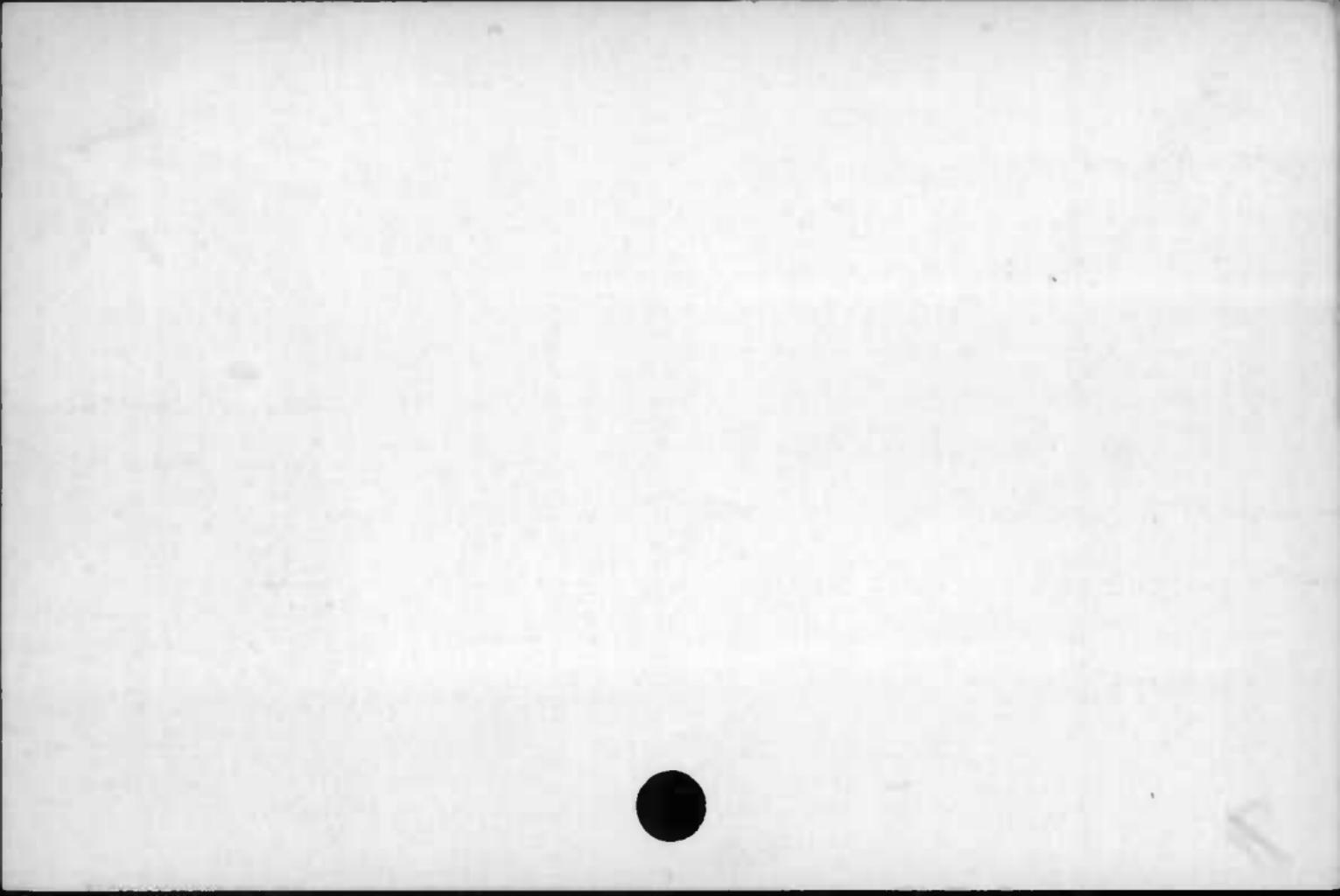
Signature of Physician

Address

Nelson A Ryerson
Bowie Md

Accident or Suicide?

No



Name
in
Full

Sarah Elizabeth Tippett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
213	Pt. Lw		Months	Days
Date of death 1906	Month 11	Day 21	Age 5-	
Sex female	Color or Race white	Birth-place Md		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace	Md	
Father's Name Jos. C. Tippett	Mother's Maiden Name Sarah F. Smith	Mother's Birthplace	Md	
Name of person giving Information Jos. C. Smith	(88)	How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Catarrhal Laryngitis

How long

5 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

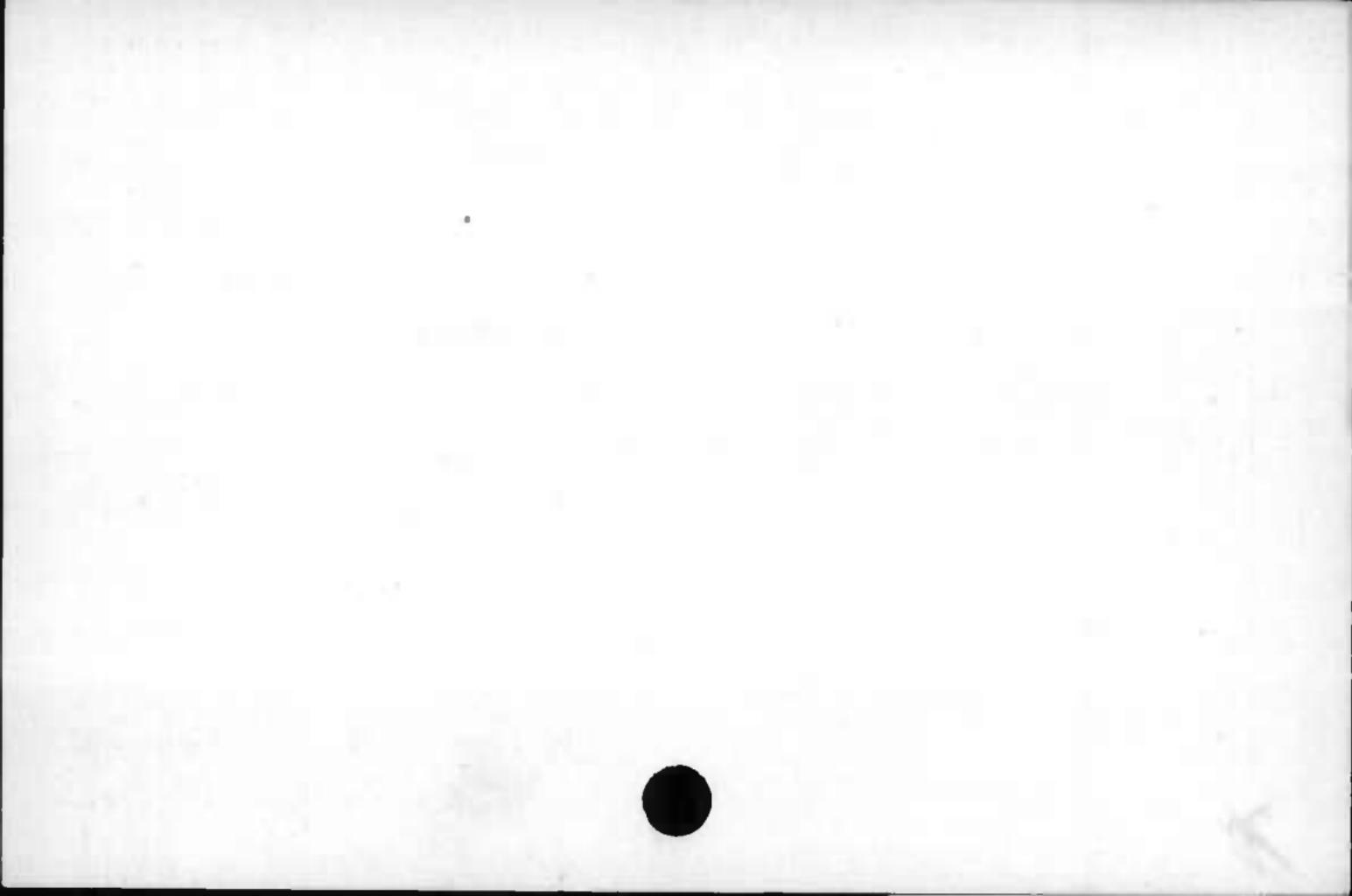
yes

Signature of Physician

Address

John A. Cor
213, Md

Accident or Suicide?



Name
in
Full

Sophia S Tilton

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at Washington, D.C.					
Date of death	Month	Day	Years	Months	Days
1906	Nov	12	80	6	23
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name					
Mother's Maiden Name					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Arterio Sclerosis (S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

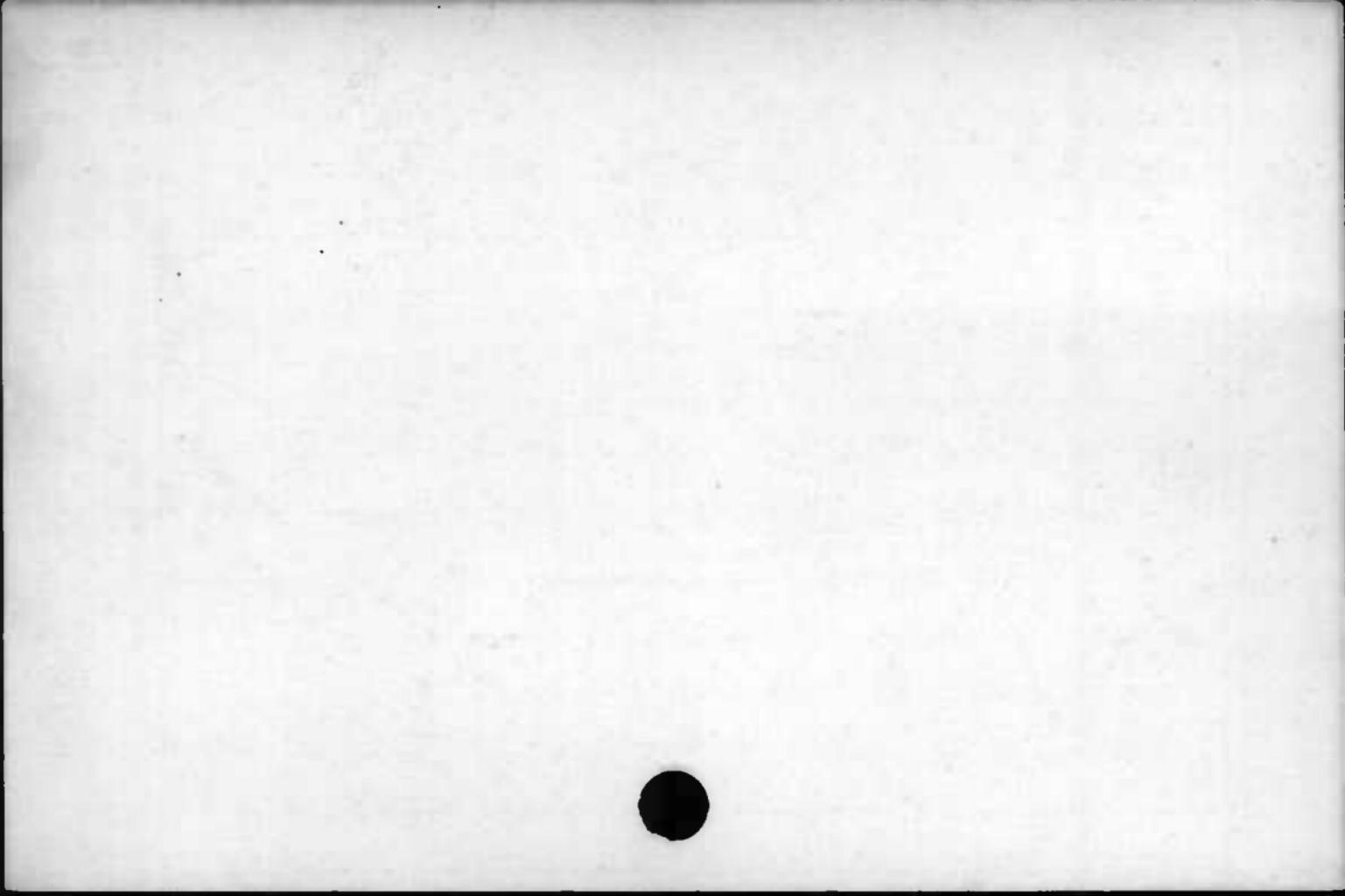
Signature of Physician

Address

Wm L. Woodward
Washington, D.C.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

George Edward Taylor.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Died at	Silverhill	Town	County	MARYLAND	
Date of death	1906	Month	No. Gov. Twp.	Months	Days
Day	1st	Age	About 64		
Sex	Male	Color or Race	White	Birth-place	Washington, D.C.
Occupation	Plasterer	Where Residing if not at place of death Silverhill Maryland.			
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie the Cage Taylor	Father's Birthplace	Washington, D.C.
Father's Name	William Taylor			Mother's Birthplace	Washington, D.C.
Mother's Maiden Name	Martha Lusby			How related to deceased	Widow
Name of person giving information	Maggie C. Taylor				

CAUSES OF DEATH

64

How long

48 hours

How long

Primary

Cerebral Hemorrhage

Immediate

Respiratory failure exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

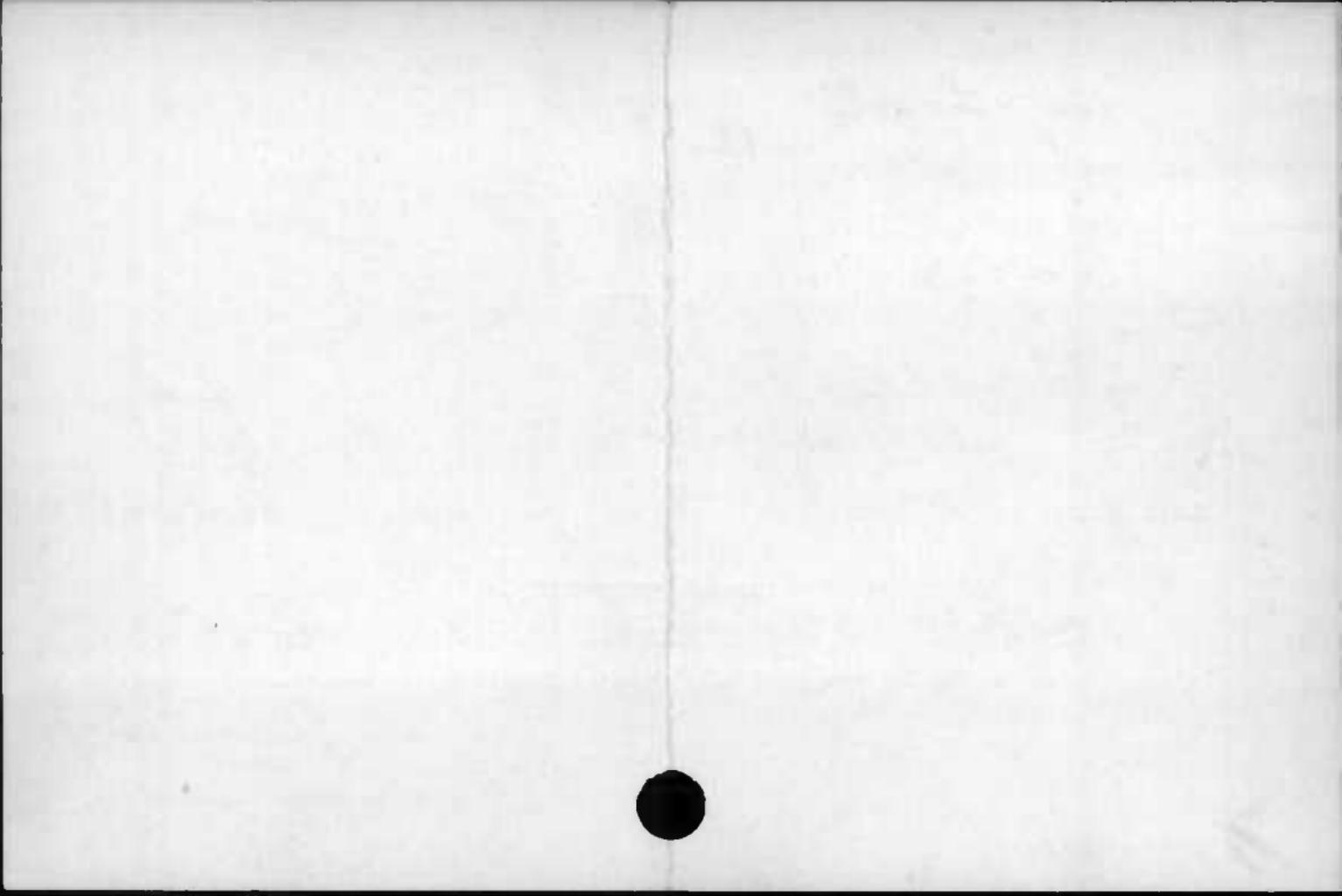
Signature of Physician

Arthur N. Meloy, M.D.

Address

2nd St., D.C.

Accident or Suicide?



Name
in
Full

Marion Uncle.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Bethel Gladys</u>		<u>Town</u>	<u>O.G.</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>3d</u>	Age <u>81</u>	Years	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Bethel</u>		
Occupation <u>house</u>	Where Residing if not at place of death <u>O. Hill</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>-Uncle</u>				Father's Birthplace <u>Bethel</u>		
Mother's Maiden Name <u>Marion</u>				Mother's Birthplace <u>Bethel</u>		
Name of person giving information <u>Henry Kirby</u>				How related to deceased <u>House</u>		

CAUSES OF DEATH

Primary

Exhaustion 19

How long

3 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Wainright
Clinton

Accident or Suicide?

dear friend.

I visited this child's mother in the third week after confinement. She had no physician aid with her. The information I obtained from Henry Kirk, over the phone.

Uncle works
for him, yes and
John P. Dailey

Name
in
Full

Perceilla Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Town Hall's md P. Ge County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	10	3	30		

Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth- place	<u>md</u>
-----	---------------	------------------	----------------	-----------------	-----------

Occupation _____ Where Residing If not
at place of death _____

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Married John W. Wallace

Father's
Birthplace

Mother's
Maiden Name

William Brown

md

Name of person giving
Information

Reocella Brown

Mother's
Birthplace

John Savoy

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Omphalitis perforated bowel

How long

17 days

Immediate

How long

2 x hrs

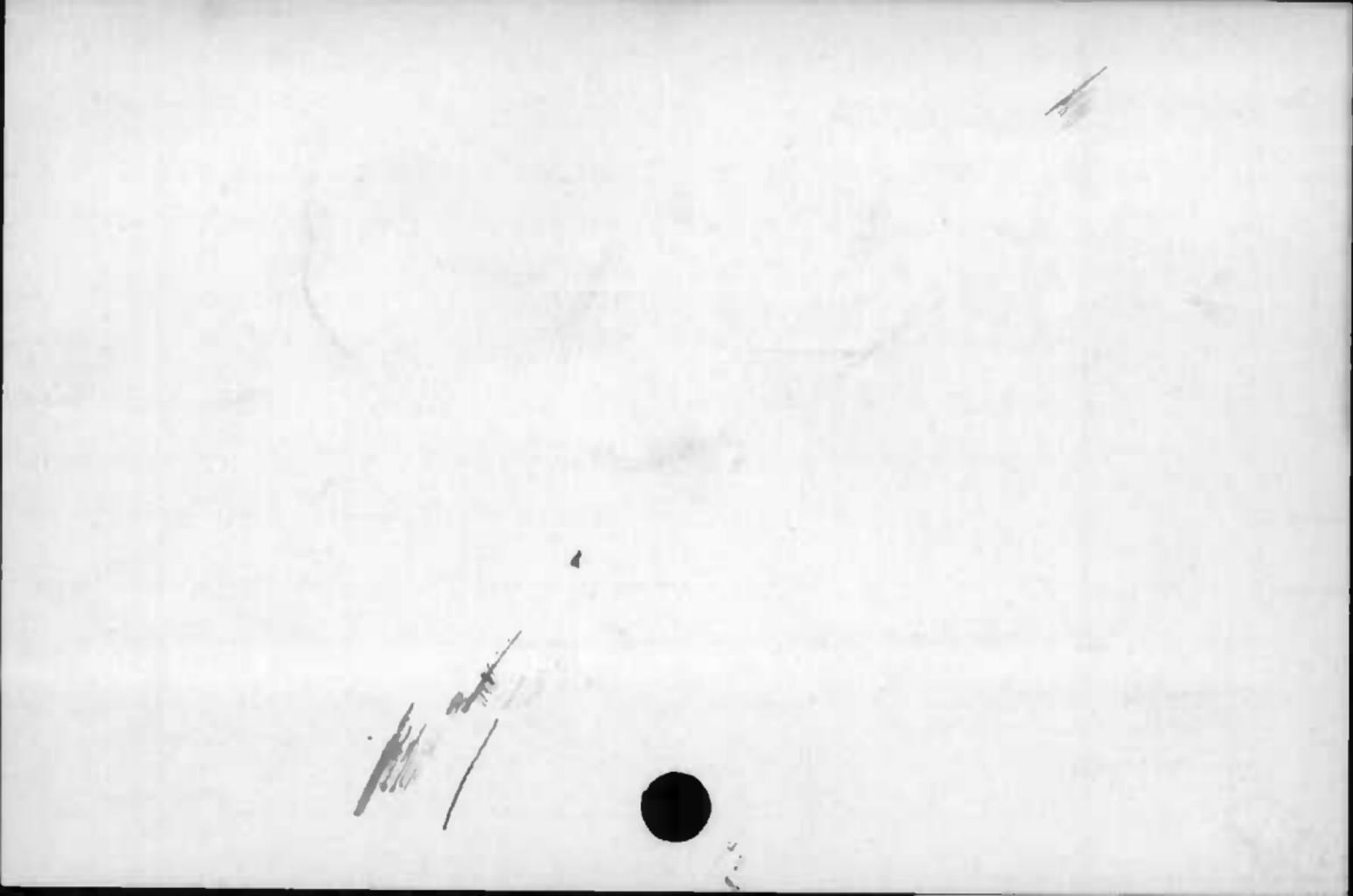
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Reverod Wallace
Upper Marlboro
md

Accident or Suicide?



Name
in
Full

Agnes Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rosaryville	Prince George's			
Date of death	Month	Day	Years	Months	Days
1906	Nov	2	Age 36		
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	Housewife				
Married, Single or Widowed	Name of Widow Husband		Where Residing if not at place of death		
Married	Masie Washington				
Father's Name	Henry Hager				
Mother's Maiden Name	Susan				
Name of person giving information					
How related to deceased					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Uraemic

(2)

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

West. Cobours

Crown Md

Accident or Suicide?



Name
in
Full

Marshal Waskevich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>New Carrollton</u> Town _____ County _____				MARYLAND		
Date of death <u>1906 Nov.</u>	Month <u>Nov.</u>	Day <u>26</u>	Years <u>21</u>	Age <u>21</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Russia</u>				
Occupation <u>Railroad laborer</u>	Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband					
Father's Name <u>Not known</u>	Father's Birthplace <u>Russia</u>					
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>B.J. Donieoski</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

Primary

Struck by Train

(64)

How long

Killed instantly

How long

Immediate

Fracture of skull

Are the name, age, sex, color, date and place correctly given above?

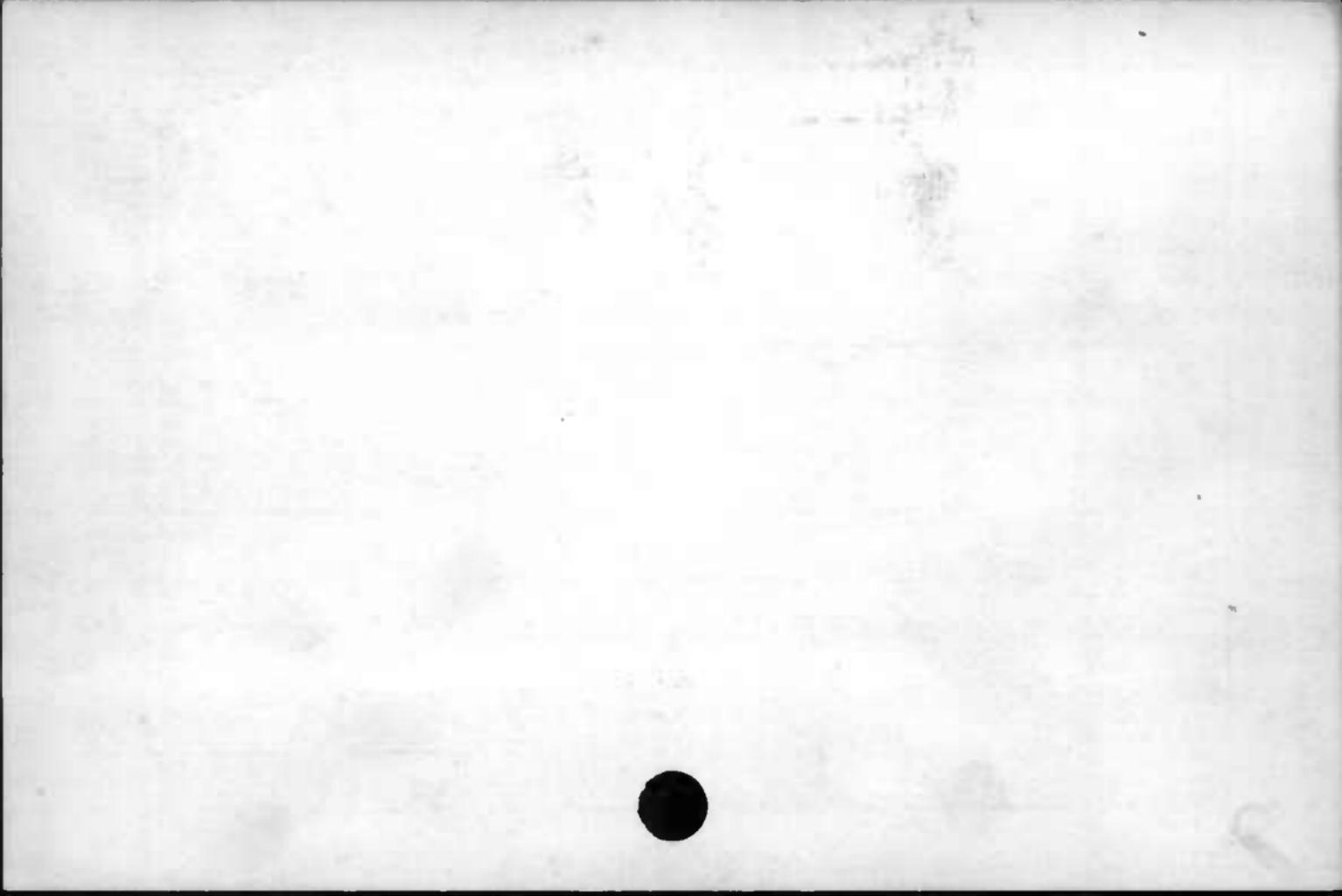
Signature of Physician

Address

M. Baldwin, Jr.Daniel, Md.Astoria Corner.

Accident or Suicide?

Accident



Name
in
Full

George William Walen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Good Hope	Town	County	MARYLAND		
Date of death	1906	Month nov	Day 25	Years	Months	Days
Sex	male	Color or Race	Levolora	Birth-piece	Md	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William Walen			Father's Birthplace	Md	
Mother's Maiden Name	Sarah Butler			Mother's Birthplace	Md	
Name of person giving information	William Walen			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

Since birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

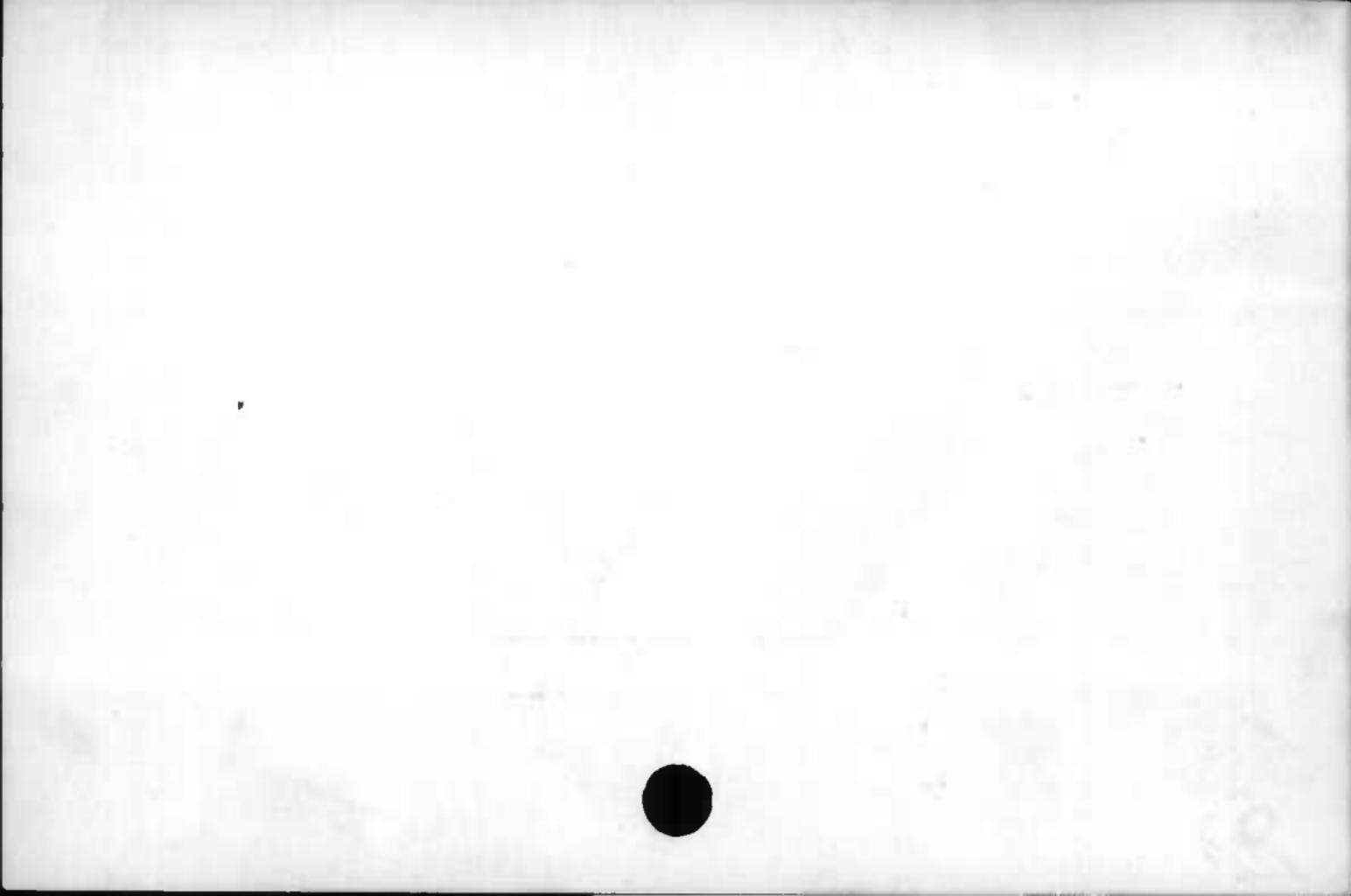
Address



John E. Sandby M.D.
Montville
Bleis Md

No or inattudance

Accident or Suicide?



Name
in
Full

Daniel W Webster

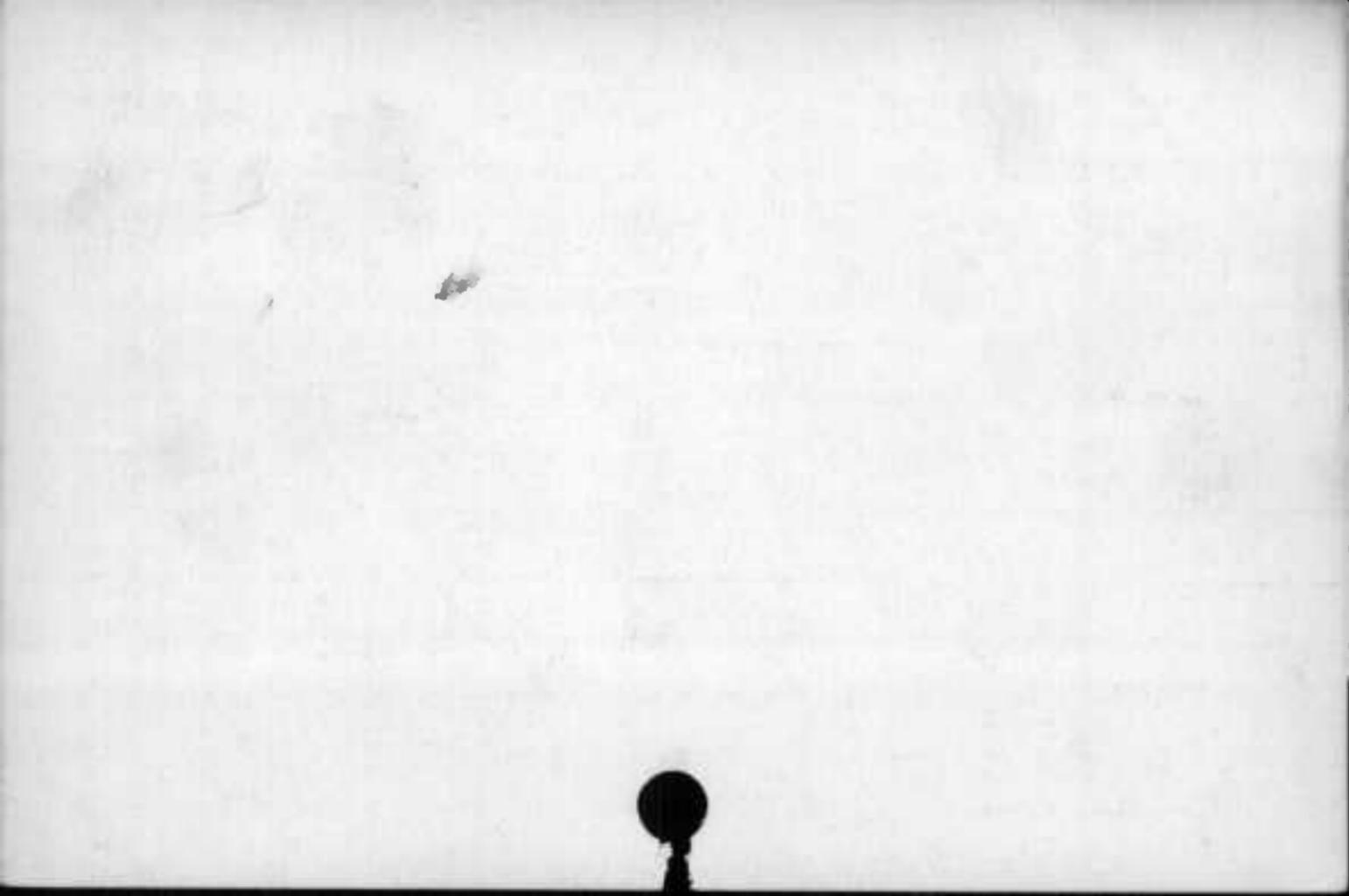
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full	Died at Roslynville		Town	P.G.	County	MARYLAND	
	Date of death	Month	Day	Age	Years	Months	Days
	1906	Nov	4	67			
	Sex	Male	Color or Race	White	Birth-place	Md	
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	MARRIED	Name of Wife or Husband	Hattie Webster			
	Father's Name	Geo. Webster			Father's Birthplace	Md	
	Mother's Maiden Name	Mary J. Munder			Mother's Birthplace	Md	
Name of person giving information	J. B. Webster			How related to deceased	brother		

CAUSES OF DEATH

Primary	Cancer of Liver		How long	6 months
	XO			
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John A. Cor	
		Address	J.B. Md	
Accident or Suicide?	J			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Nov	6	"	"	"	
Sex	Jennie	Color or Race	White	Birth- place	Lameau	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	E. Whittem					
Mother's Maiden Name	Jilly Boyard					
Name of person giving Information	E. Whittem					
CAUSES OF DEATH						
Primary	Born dead					How long
immediate						How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		G. Boyard	
			Address		Laurel M	
Accident or Suicide?						

